Community-Level Program Information Reporting for HIV/AIDS Programs

Tools and Processes for Engaging Stakeholders

Module 1: Illustrative Program Indicators, Data Collection Tools and Indicator Reference Sheets for Prevention, HBC, and OVC Programs

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Acknowledgments

CLPIR is presented as a "beta" version, a work in progress that continues to evolve based upon users' experiences. The current version has been shaped by stakeholder input and field testing in several countries and is a culmination of lessons learned from the review of community-level HIV programs and information systems from several countries.

Photo credits: Page 7, 2006 Felix Masi/Voiceless Children, Nairobi, Kenya, 2006 courtesy of Photoshare; page 49, Sizanani Home-Based Care Programme, Ermelo, South Africa, 2008; page 99: Gareth Rossiter, Bonukhanyo Youth Organisation OVC Project, Eastern Cape Province, South Africa, 2008.

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List of Acronyms

ART	antiretroviral therapy
BCC	behavior change communication
CBO	community-based organization
CLPIR	Community-Level Program Information Reporting for HIV/AIDS Programs
FBO	faith-based organization
HBC	home-based care
HMIS	health management information systems
IEC	information, education, communication
M&E	monitoring and evaluation
MERG	Monitoring and Evaluation Reference Group
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	people living with HIV/AIDS
STD	sexually transmitted disease
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development

Introduction

While organizations that implement HIV/AIDS activities are currently collecting information to monitor performance, it has been observed during fieldwork that tremendous variations exist among organizations in terms of the type and amount of information these programs were collecting. This has been observed even in cases where different organizations were implementing similar activities under similar circumstances. For example, some organizations collect many indicators by using a variety of data collection forms. As a result, too much time is spent gathering data, and not enough time is available to analyze and use the collected information. In other cases, not enough information is gathered to monitor the performance of programs adequately. Furthermore, indicators are often defined differently among frontline service providers working within the same organization, and these providers often do not know how to utilize the collected information to improve performance. Based on these observations, this first module of the Community-Level Program Information Reporting for HIV/AIDS Programs (CLPIR) tool kit addresses these gaps by offering the following:

- illustrative program indicators
- data collection tools (sample forms and user guides)
- indicator reference sheets

Overview of the CLPIR Took Kit

CLPIR is organized into five documents — an introduction booklet and separate documents for each of four modules. This module (module 1) contains the CLPIR "tools." Modules 2-4 contain resource materials for carrying out the different processes through which the tools are implemented (module 2 is the rapid assessment process, module 3 addresses the indicator harmonization process, and module 4 involves program-level rollout).

Objective of Module 1

The overall objective of module 1 is to provide resources and examples to improve data accuracy, promote information use, and reduce the burden of data collection at various level of the system. This module consists of tools for three program areas — prevention, home-based care (HBC), and orphans and vulnerable children(OVC) programs. For each program area, the tools listed above are available (i.e., illustrative program indicators, data collection tools, and indicator reference sheets). Users are encouraged to choose the sections of this module that are most relevant to the context in which they work.

The tools (CLPIR forms and reporting sheets) are described generally in this introduction section and specifically in later sections of the module. These forms can be found in the appendices. Also, form templates that can be modified by users are available in Microsoft Word documents that can be downloaded from http://www.cpc.unc.edu/measure/tools or from the CLPIR CD-ROM (copies of the CD-ROM can be ordered from the above link).

Intended Users of Module 1

The intended users of this module are variety of stakeholders, which include programs implementing community-based HIV/AIDS activities, such as implementing partners (IPs), nongovernmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), and other direct service providers; community groups, village committees, religious groups, etc.; host country government agencies (national and sub-national level); and donor agencies, such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Joint United Nations Programme for HIV/AIDS (UNAIDS), etc.

Illustrative Program Indicators

The illustrative list of indicators was developed based on a series of discussions and field visits to Nigeria, Tanzania, and Zambia. The process began with an extensive review of hundreds of HIV/AIDS program indicators from national programs, IPs, and international agencies in each country. Next, extensive meetings with direct service providers, CBOs, FBOs, and IPs working on community-level HIV/AIDS programs were held in each of the three countries to reveal the range of indicators and information that are currently being collected, and are considered useful to service providers in managing their programs. Then, the indicators were refined into a more manageable set, and reviewed by experts from a variety of organizations based in the United States that work on community-level HIV/AIDS programs. The result is the illustrative list of program-level indicators.

Objectives of the illustrative list of program-level indicators are to:

- provide country stakeholders a menu of indicators to help them decide on a minimum set of program-level indicators that is relevant for the country;
- help country stakeholders identify appropriate indicators to track program implementation and progress; and
- help country stakeholders identify appropriate indicators to track short-term or intermediate results and outputs.

It is important to note that this is simply a suggested list of indicators. Users are encouraged to adapt all of these tools, including the illustrative list of indicators, to meet local needs.

Data Collection Tools: Sample Forms and User Guides

The sample data collection forms were also developed based on an extensive review of existing data collection tools gathered during the field visits and consultations with headquarters-based staff of IPs. The forms were adapted and consolidated to be simple, yet practical, while minimizing the number of forms and the time needed to gather data. These sample forms have been designed to generate the illustrative list of program-level indicators. User guides for the forms have also been developed to provide step-by-step instructions on how, when, and by whom the data should be collected.

Objectives of the forms and guides are to:

- provide country stakeholders with sample data collection form templates, that are capable of generating the illustrative program-level indicators, that can be adapted and used to meet each program's individual needs;
- reduce the burden of data collection by providing templates for simple data collection forms and reducing the number of forms; and
- provide clear, specific instructions on how, when and by whom each form should be completed.

Indicator Reference Sheets

The indicator reference sheets were developed to provide operational definitions for each of the illustrative program-level indicators and to encourage the consistent use of terms across programs, organizations, and government levels within a country. The indicator reference sheets describe the rationale for each indicator and how indicators can help with program management decisions. They also discuss key data limitations that are important to consider or could pose challenges to effective use. Finally, this section presents simple, visual examples of how these indicators can be used to monitor program performance. Through the examples, CLPIR aims to demonstrate how data can be transformed into information and used by service providers in their daily work.

Objectives of the indicator reference section are to:

- provide operational definitions for all indicators included in the illustrative list of program-level indicators;
- promote consistent use of definitions and terms;
- promote information use; and
- improve quality of data.

Application of Tools for Different Service-Delivery Models

Many organizations working on community-level HIV/AIDS programs are specialized within certain service areas, such as OVC programs or prevention programs. CLPIR promotes the provision of integrated or family-centered services at the community level. For example, OVC and HBC programs are often managed as integrated programs. Programs with goals that address the needs of both people living with HIV/AIDS (PLWHA) and OVC tend to have a focus at the family level, acknowledging the importance of family systems in the lives of children and youth and aiming to strengthen those systems to improve the well-being of OVC and other family members. Therefore, it is important to determine whether a program is using comprehensive/integrated approaches (OVC, palliative care, and limited prevention services). It is easier to use integrated information systems when programs are integrated by design. Conversely, programs that are not designed to be integrated cannot be expected to have effective integrated information systems. CLPIR offers three different program designs and

corresponding information system designs. We recommend that users of this tool kit identify the most appropriate information system design before going into the specific sections of this module.

Services Integrated at the Service Delivery Point

When a health worker provides comprehensive services (OVC, palliative care, and limited prevention services) to a household, it is inefficient to complete a series of data collection forms, each designed for a specific activity (e.g., one form for an OVC clients, another for HC clients, when both forms address the same clients living within the same household). In this scenario, we suggest using integrated forms that focus on the family as a unit. Examples of such forms, found in appendix A are CLPIR's **Integrated Activity Register (I_1)**, **Family Record Card (I_2)**; and **Individual Service Record (I_3)**. Figure 1 illustrates this scenario of using integrated forms. These forms allow the service provider to deliver family-oriented care and help to reduce the burden of data collection. Once the data are gathered at the service delivery point, the data can be aggregated and transmitted to the next level (e.g., a monitoring and evaluation officer) by using program-specific (non-integrated) CLPIR tools for prevention, HBC, and OVC services. This is because integrated data collection tools are useful at the client-management level, but program-specific tools (forms) are useful for reporting purposes to donors and government agencies, which usually request information by program area.

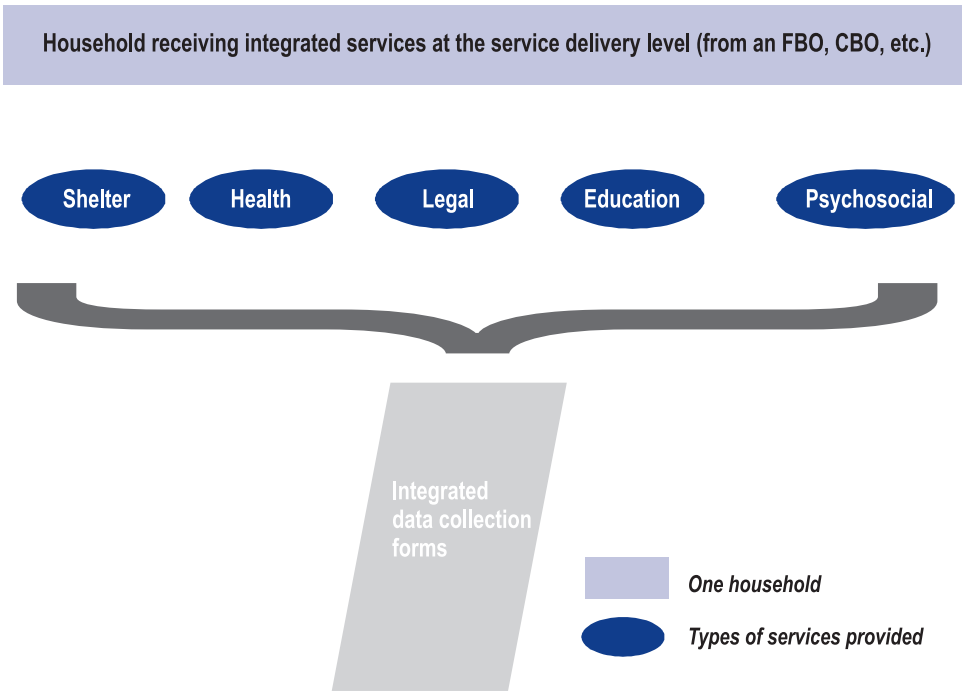

Figure 1. When a health worker provides comprehensive services to one household,CLPIR's integrated forms focus on a family as a unit.

Services Integrated at the Program Level

When a program provides comprehensive services (e.g., OVC, HBC, and limited prevention services) to a household but through several vertical activities within the program, and multiple service providers are involved (figure 2), we suggest using program-specific (non-integrated) forms at the service delivery point. Once data are gathered at the service delivery point, multiple service providers who visited the same household can transfer the information into a family record card, such as the forms found in appendix A, where a comprehensive picture emerges of all the services provided to an individual or household.

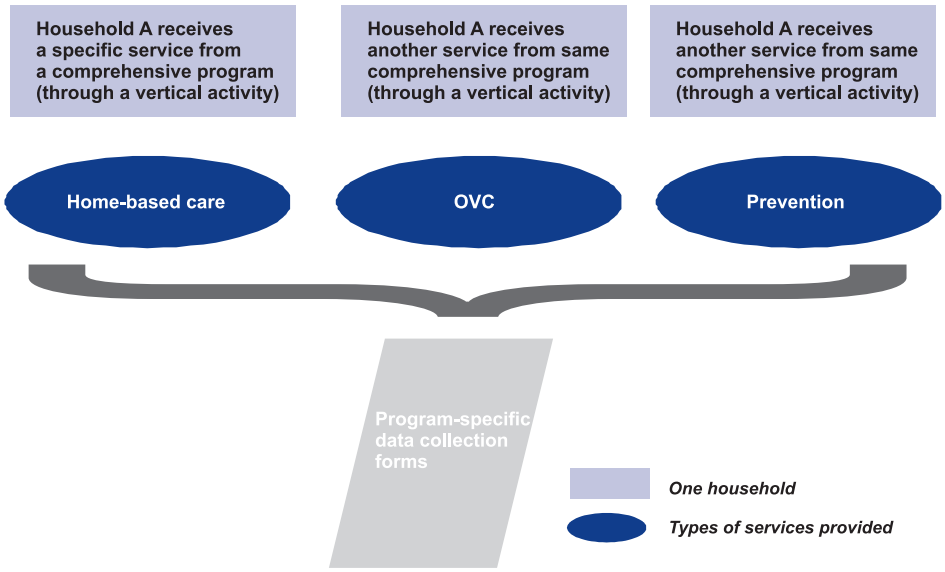

Figure 2. When a single program provides services through several vertical activities, CLPIR's program-specific (non-integrated) forms are recommended.

Services That Are Not Integrated (Vertical Approach)

When several specialized programs deliver services to the same household, using the program-specific (non-integrated) CLPIR forms found in appendix A to collect and aggregate information is recommended (figure 3). In this case, the idea of a family card and household identification number can be used to integrated services at the household level. (The idea of a family card is similar to that of a family immunization card, which is kept at the household level and updated by the different service providers who visit the household to provide immunizations). Ideally, all community-level programs active in the same geographical area should coordinate and use the family card to capture comprehensive services provided to the family and individuals in the household. (The information captured on the family card could even go beyond information about HIV/AIDS services.) This approach can also be applied in the other two scenarios listed

above, but is especially important when services are not integrated and there are a variety of organizations providing different services to the same individuals and households.

The family card allows a program to:

- provide family-oriented (patient-oriented) services;
- identify other needs that are not covered by the program;
- link with or refer to other service providers (including health facilities);
- verify data accuracy (cross-matching data from a register); and
- provide quality and continuity of care to the clients.

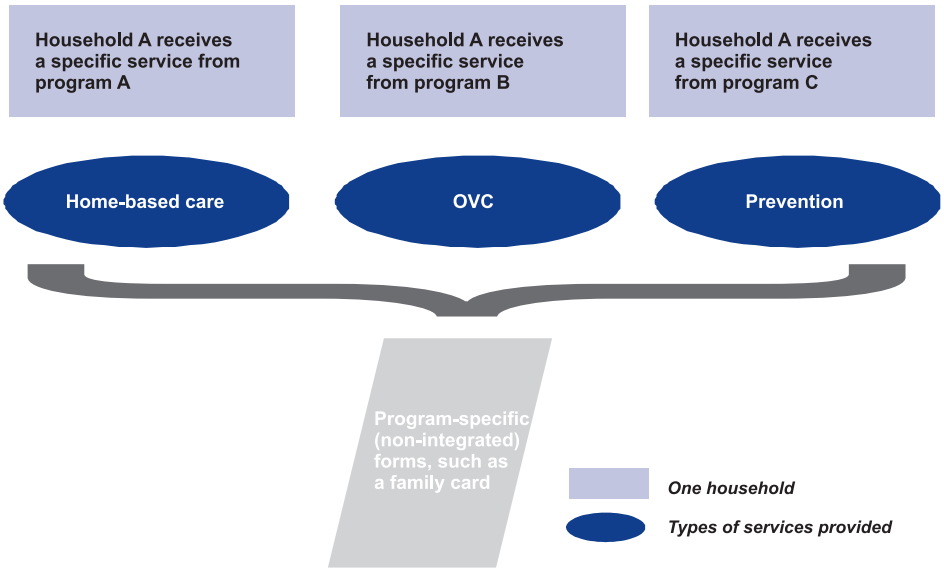

Figure 3. When several programs provide services, the family card and household identification number can be used to integrate services at the household level.

CLPIR Tools: Prevention Programs

Suggested Indicators, Forms and Reports, Instructions, Indicator Reference Sheets

Community-Level Program Information Reporting for HIV/AIDS Programs — Module 1

Introduction

These tools are specifically designed for stakeholders involved in prevention activities and focusing on prevention aspects of the HIV/AIDS program at the community-level. The contents of this section include:

- a list of illustrative prevention program indicators (summarized in table 1);
- a description of the nine data collection forms and reports;
- a guide to using each of the sample data collection forms and reports; and
- indicator reference sheets for each indicator.

Illustrative program indicators related to the prevention activities are presented first, followed by sample data collection tools used to generate these indicators. Then, a user guide provides step-by-step instructions on how to complete each of these data collection forms. Finally, indicator reference sheets define each of the indicators and describe the rationale for collecting the indicator, as well as potential data limitations. Illustrative examples of how these indicators can be used to monitor program performance are also provided. The examples demonstrate ways to transform data into information, and link indicators to the performance of daily tasks.

It is important to define community outreach activities or programs involving HIV/AIDS prevention. PEPFAR defines community outreach as any effort to affect change. This may include peer education, classroom, small group, or one-to-one information, education, communication (IEC) or behavior change communication (BCC) to promote comprehensive prevention messages. For the purpose of CLPIR, community outreach does not include prevent efforts directed at large-scale public gatherings.*

Some prevention approaches follow the "abstience and being faithful" or AB approach. Under this approach, abstinence (A) involves:

- the importance of abstinence in reducing the prevention of HIV transmission among unmarried individuals;
- decision of unmarried individuals to delay sexual activity until marriage;
- development of skills in unmarried individuals for practicing abstinence; and
- adoption of social and community norms that support delaying sex until marriage and that denounce forced sexual activity among unmarried individuals.

The "being faithful" (B) approach involves the:

- importance of being faithful in reducing the transmission of HIV among

* ABC Guidance #1 (Abstinence, Be Faithful, and Correct and Consistent Condom Use), for United States Government In-Country Staff and Implementing Partners Applying the ABC Approach to Preventing Sexually-Transmitted HIV Infections within The President's Emergency Plan for AIDS Relief [Web page], accessed April 2010 at http://www.pepfar.gov/guidance/c19545.htm; The U.S. President's Emergency Plan for AIDS Relief (PEPFAR). *Next Generation Indicators Reference Guide [version 1.1]*. Washington: PEPFAR; 2009. Accessed April 2010 at http://www.pepfar.gov/documents/organization/81097.pdf.

individuals in long-term sexual partnerships;

- ❒ elimination of casual sex and multiple sexual partnerships;
- ❒ development of skills for sustaining marital fidelity;
- ❒ adoption of social and community norms supportive of marital fidelity and partner reduction using strategies that respect and respond to local customs and norms; and
- ❒ adoption of social and community norms that denounce forced sexual activity in marriage or long-term partnerships.

Prevention programs that go beyond just abstinence or being faithful are sometimes referred to as ABC approaches. These additional behavior changes may address the risk for HIV transmission through casual sexual encounters or exchanging sex for money or favors, having sex with an HIV-positive partner or one whose status is unknown, abusing drugs or alcohol in the context of sexual interactions, or using intravenous drugs. Women, even if they are faithful, can still be at risk of becoming infected by their spouse, regular male partner, or someone using force against them. Other high-risk persons or groups include men who have sex with men and workers who are employed away from home. The intervention could include targeted social marketing or the promotion of condoms to these high risk groups.

Illustrative Program Indicators for Prevention Programs

There are a total of 11 indicators related to prevention programs. The indicators are described in table 1 by focus area (e.g., client, provider, household, community, etc.). The last column of the table, data source, corresponds to the data collection forms that are used to generate the indicator (forms are found in Appendix B: CLPIR Forms for Prevention Programs). While definition of the indicators are briefly explained in the table, indicator reference sheets provide details for the definition and construction of each indicator, the data sources, and the potential use by program staff.

Table 1. CLPIR Illustrativee Indicators for Prevention Programs

Indicator *Number or amount of…*	**Suggested Disaggregation**	**Definition**	**Justification**	**Data Source***
Focus Area — Individuals				
1. Individuals reached	Type of message (e.g., A only, AB only, ABC Type of approach (e.g., peer education, community outreach) Age Gender Type of target audience (e.g. youth, adult, teachers, community leaders)	Number of individuals who attend community outreach or other activities focused on prevention during a given reporting period	Measures the program's contribution to community awareness and education; measures community exposure to the services	4
2. Individuals referred for other services	Type of service (e.g., clinic, OVC, HBC, medical evaluation, etc.) Gender	Number of individuals who received prevention messages and were then referred for other services (medical or non-medical)	Indirectly measures the degree to which referral occurs as a way of ensuring that the holistic needs of individuals are met	4
Focus Area — Providers				
3. Individuals trained to promote HIV/AIDS prevention	Type of message (e.g., A only, AB only, ABC Gender Type of promoters (e.g., teachers, clergy, peers) Topic of training (e.g., skills development, community mobilization, counseling)	Training refers to new training or retraining of individuals. A training session must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills, or competencies to be gained by participants	Measures the program's contribution to the community's capacity to promote the prevention of HIV transmission	6
4. Behavior change promoters supported	Gender Type of support (e.g., material, monetary, mentorship, supervision)	Support may include: material, monetary, mentorship and social, or other	Measures the program's contribution to the community's capacity to respond to the need for behavior change	7

Indicator *Number or amount of…*	Suggested Disaggregation	Definition	Justification	Data Source*
Focus Area — Providers (continued)				
5. Behavioral change promoters who have stopped their involvement with the program	Type of promoter Type of support they were providing Reason involvement discontinued (e.g., dropped out, fired, moved, died)	Best defined by a program's managers	Measures retention of the behavioral change promoters; helps identify reasons for program discontinuation	5
6. Condom service outlets		Number of fixed-point distribution sites or mobile units with schedules for providing condoms (free of charge or for sale)	Measures condom distribution to a given community	8
Focus Area — Supply				
7. Condoms distributed to clients (free or for sale)	Type of condom (male or female)	Condoms distributed (free or for sale) in conjunction with a risk reduction information message	Indirectly measures community barriers to reduce HIV transmission	8
8. IEC materials produced, received, or distributed	Type of materials	IEC materials for community education and awareness on prevention	Indirectly measures the program's contribution to community awareness and education; measures availability of IEC materials	8
Focus Area — Community				
9. Prevention committees or groups supported	Type of group	Groups include: religious, school-based, peer, business or work environment, etc.	Measures community's capacity to respond to the need for behavior change	7
10. Mobilization meetings	Type of meeting	Meetings to mobilize community in support of HIV prevention	Measures program's contribution to community mobilization	9
11. Community leaders promoting behavior change	Type of leaders	Community political, religious, or administrative leaders	Measures program's contribution to community awareness and education	7

*** Data Source Legend:** 4 = Activity Summary Report (P_4)
5 = Register for Behavioral Change Promoters (P_5)
6 = Training Record Form (P_6)
7 = Support Summary Form (P_7)
8 = Supply Stock Management Form (P_8)
9 = CLPIR Periodic Summary Report (P_9)

Overview of Data Collection Forms for Prevention Programs

Following are the data collection forms, registers, and report forms that can generate prevention program indicators suggested in table 1. Since these are suggested forms, their design and content may need to be adapted for each country and program context. The forms are provide in appendix B in this report. Versions in Microsoft Word can be downloaded and modified from the CLPIR CD-ROM or the MEASURE Evaluation Web site at http://www.cpc.unc.edu/measure/tools:

- Participants List (Form P_1)
- Outreach Activity Form (Form P_2)
- Two-Way Referral Form (Form P_3)
- Activity Summary Report (Form P_4)
- Register for Behavioral Change Promoters (Form P_5)
- Training Record Form (Form P_6)
- Support Summary Form (Form P_7)
- Supply Stock Management Form (Form P_8)
- Periodic Summary Report (Form P_9)

Figure 4 shows the relationship among the various registers, forms, and reports for prevention programs across different levels of the reporting system. The model shows that the same individuals are rarely requested to fill multiple forms or registers; and that the frequency of data collection also varies by levels. Thus, the full burden of data compilation does not rely on one individual. The recommended tools are completed at three levels:

- **The client management level:** This is the level where the interaction between the client and service provider takes place and all of the services provided to the client are recorded. Forms at this level are normally filled out at the time the service is provided.
- **The provider management level:** The data collected through client-provider interaction is aggregated and analyzed at this level by the same individuals who provide service to the clients. Forms at this level are normally filled out at the end of each reporting period, at which time summarized data is transferred to the program management level.
- **The program (CBO/NGO/FBO) management level:** This is the level where the program is managed, support is provided to the service providers, and all the information related to the program is aggregated and summarized by a monitoring and evaluation (M&E) officer into summary reports. The collected data should be analyzed, feedback should be prepared and provided, and appropriate action should be taken at this level. The synthesis of all reports at this level is the CLPIR Periodic

Summary Report (P_9), which aggregates information for all key indicators and passes it on to higher levels for further analysis and feedback.

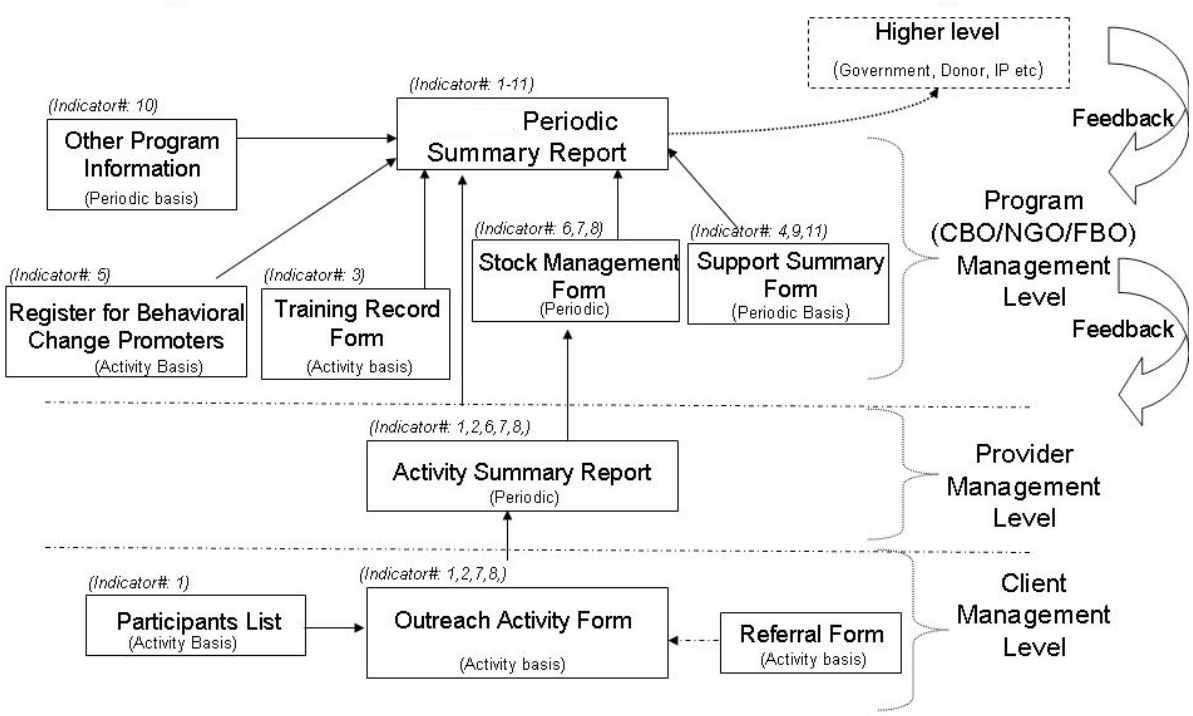

Figure 4. The relationship among CLPIR registers, forms, and reports for prevention programs across different levels of the reporting system.

As shown in figure 4, reporting depends mainly on primary information collected at the point of contact between frontline service providers and clients, and to a lesser extent at the CBO/NGO/FBO management level. Some of this primary information is aggregated in an intermediate **Activity Summary Report (P_4)**, and all information is then aggregated into a CLPIR **Periodic Summary Report (P_9)**, which contains all 11 CLPIR prevention indicators. The key elements of this information flow are as follows:

1. When a CBO/NGO/FBO conducts outreach activities focused on HIV prevention, the participants who come to the outreach activities should sign in to a **Participants List (Form P_1)**, and a facilitator should fill out the **Outreach Activity Form (Form P_2)** to summarize the content of each activity. At the end of each reporting period, information from multiple **Outreach Activity Form (Form P_2)**s, belonging to the same service provider, is aggregated into one **Activity Summary Report (Form P_4)**. Since it is the summary of all the outreach activities conducted by the same service provider, this report is designed to assist service providers in analyzing their own performance, identifying gaps, and improving their activities. The information

from multiple **Activity Summary Report (Form P_4)**s, collected from different service providers, is then consolidated into the CLPIR **Periodic Summary Report (Form P_9)** by the M&E officer of the CBO/NGO/FBO for further analysis, and to generate suggested indicators.

2. When a CBO/NGO/FBO recruits behavioral change promoters and enrolls them into the program, the **Register for Service Providers (Form P_5)** should be completed to keep a record of all the behavioral change promoters registered in a program. If a service provider leaves the program, information in this form should be updated accordingly.
3. When a CBO/NGO/FBO conducts training for behavioral change promoters (e.g., training of trainers) on HIV prevention, a training facilitator should complete the **Training Record Form (Form P_6)**, which captures the information of trainees and training components. One form is allocated for each training. At the end of each reporting period, information from multiple P_6 forms should be tallied and aggregated into the CLPIR **Periodic Summary Report (Form P_9)**.
4. The **Support Summary Form (Form P_7)** is designed to collect information on support provided to the behavioral change promoters by the program. Types of support include monetary or material compensation, as well as training and mentorship. This form needs to be completed by the CBO/NGO/FBO staff each time support is provided to service providers. At the end of each reporting period, information from these forms should be transferred to the CLPIR **Periodic Summary Report (Form P_9)** for further analysis at the CBO/NGO/FBO management level.
5. The **Supply Stock Management Form (Form P_8)** keeps a record of product availability, receipts, and distributions at the program management level. This form comes from the **Activity Summary Report (Form P_4)**. It allows programs to maintain appropriate amounts of stock in hand and to monitor distribution of supplies to clients. One form is designed for one reporting period, and this information should be transferred to the CLPIR **Periodic Summary Report (Form P_9)** at the end of each reporting period.
6. The **Two-Way Referral Form (Form P_3)** is designed to support and strengthen referral systems among all the service providers working within a community. Information in the form is not aggregated; the form is designed to keep track of clients being transferred from one service provider to another.
7. The CLPIR **Periodic Summary Report (Form P_9)** is an aggregation of all the information captured through the other forms and registers. It allows CBO/NGO/FBO program managers to generate indicators to analyze, interpret, and prioritize the programs. The report should be prepared and submitted according to the period identified by each program. The information in the CLPIR **Periodic Summary Report (Form P_9)** can be used to report all CLPIR indicators to the higher program levels.

Sample Data Collection Forms and Instructions for Prevention Program

The CLPIR data collectcion forms for prevention programs and instructions on completing the forms are described next. The instructions can be used during training events and should be kept at the service delivery point to ensure consistent use of the tools. Forms are provided in full size in the module's appendices.

Participants List (Form P_1)

Purpose of the form: Form P_1 is designed to collect information on individuals who participated in different types of outreach activities on HIV/AIDS prevention that were led by a behavioral change promoter. One Participants List (P_1) should be filled out per outreach activity, and should be filled out at the time of the activity. The participation list should be passsed around so each participant can write his or her name and submited to the facilitator before the end of the activity. Figure 5 illustrates the form, which is also available in its full size in appendix B.

Data sources: The information on this form is provided by participants of the outreach activities.

Who prepares this form: Each individual who participated in the outreach activity should sign the list. The facilitator is responsible for making sure the form is complete and collecting it from participants.

Confidentiality: Before collecting any information from participants of an activity, it is important to explain to participants the purpose of collecting the data, and the confidentiality related to the use of such data if applicable. It is also recommended that personal identifiable data should only be collected by people who have signed a confidentiality agreement.

Following are instructions for completing specific lines of this form (figure 5).

Name of Behavioral Change Promoter: Write the name of the behavioral change promoter who conducted the outreach activity.

Name of the Activity: Write the specific name of the activity (e.g., Peer-to-Peer Education for Out-of-School Youth).

Community-Level Program Information Reporting for HIV/AIDS Programs— Forms for Prevention Programs

Participant List (Form P_1)

For Local Adaptation

Name of behavioral change promoter :
Name of the activity:
Date: _____

	Name	Male				Female			
		10-14	15-19	20-24	>25	10-14	15-19	20-24	>25
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
Total									

Figure 5. Participants List (Form P_1)

Date: Write the date when the activity was conducted.

Name: Participants should write their full name (first name, last name, and middle name). If participants are illiterate, a facilitator should write their names in this section. If the participant prefers to remain anonymous, the rest of the section should be completed without the name.

Male and female columns: The two gender columns are further split by age categories. Participants should place a tick mark in the column representing their appropriate gender and age. For example, a 20-year-old woman should mark the "20-24" age-range column under the "Female" column.

Outreach Activity Form (Form P_2)

Purpose of the form: Form P_2 is designed to collect information on each outreach activity conducted by a behavioral change promoter. One form is allocated for each activity, and the form should be filled out by the facilitator when the activity is conducted. The information about the number of participants by age and gender (item 4 on the form) should be derived from Participants List (Form P_1), described above.

Data sources: The information on this form is provided by facilitators and also derived from the **Participant List (Form P_1)**.

Who prepares the form: The behavioral change promoter who facilitates the outreach activity should complete the form.

Below are instructions for completing specific this form.

Name of the Behavioral Change Promoter: Write the full name of the behavioral change promoter who carried out the outreach activity. If multiple behavioral change promoters are involved, list all of them.

Specific Title of the Activity: Write the specific title of the activity (e.g., Peer-to-Peer Education for Out-of-School Youth).

Date: Write the date when the activity was conducted.

Province: Write the name of the province where the activity was carried out.

District: Write the name of the district where the activity was carried out.

Venue: Write the location where the activity

Community-Level Program Information Reporting for HIV/AIDS Programs— Forms for Prevention Programs

Outreach Activity Form (Form P_2)

For Local Adaptation

Name of behavioral change promoter:

Specific Title of the Activity: _____ Date: _____

Province: District: Venue:

1) Type of message:

A Only ?	A & B Only ?	A, B &C ?	Beyond A&B ?	Other (Specify)

2) Type of approach:

Individual Talk ?	Community Outreach ?	Festival ?	
Group Discussion ?	Seminor/Workshop ?	Mobilization Meeting ?	
Art and Drama ?	Home Visit ?	Other (Specify)	

3) Target audience:

Youths ?	Adults ?	Teachers ?	Community Leaders ?	Other (Specify)

4) Number of participants

	10-14	15-19	20-24	>25	Total
M					
F					
Total					

5) Number of referrals made

	VCT	OVC	HBC	FP	STI	Other
M						
F						
Total						

6) Number of supplies distributed

Supplies Distributed to clients										
						Male Condom		Female Condom		
Poster	Pamphlet	Newsletter	Flip chart	Other (Speccify)	Total	Sold	Free	Sold	Free	Total

7) Comments and Remarks

Figure 6. Outreach Activity Form (Form P_2)

was conducted.

1) Type of message: From the list, check the box for the item that best describes the main message of the activity. "A Only" refers to messages focused on abstinence only; "A&B Only" refers to messages focused on both abstinence and being faithful; "A, B&C" refers to messages focused on abstinence, being faithful, and condom use; "Beyond A&B" refers to messages focused on beyond abstinence or being faithful; and "Other (Specify)" refers to any other type of message, specifying the type in the space to the right of this choice.

2) Type of approach: From the list, check the box for the item that best describes the approach of the activity. This list can be modified to match the type of activities carried out by the program during the time of adaptation.

3) Target audience: From the list, check the item that best describes the target audience of the activity. This list can be modified to match the type of audience targeted by the program during the time of adaptation.

4) Number of participants: The total number of participants by age range and gender should be summarized, using information from the Participants List (Form P_1).

5) Number of referrals made: Transfer the referral information from the **Two-Way Referral Form (Form P_3)** to this section under the appropriate gender and service type. This list can be modified to match the type of referrals provided by the program during the time of adaptation.

6) Number of supplies distributed: Write the number of supplies distributed by type of supply during the outreach activity under the relevant headings.

7) Comments and Remarks: Use this space to note problems and issues encountered during the outreach activity. This is an important channel of communication between behavioral change promoters and supervisors, allowing a richer information exchange than from the numbers on the summary sheet alone.

Two-Way Referral Form (Form P_3)

Purpose of the form: Form P_3 is designed to support a referral system among different service providers active in the community. Whereas referral information for program monitoring is captured on the activity summary report, the referral form is designed to facilitate the referral process. Clients take this form with them to provide those services to the client.

Data sources: The information in this form is entered by the service provider and is based on the needs of the client.

Who prepares this form: The service provider who is referring a client to another service provider prepares the top part of the form. After completing the form, the referring service provider detaches the top part of the form and retains it for his or her records. He or she also prepares the middle part of the form. The service provider then gives the middle and incomplete bottom part of the form to client and instructs the client to take the form to the site where the

referral service is to be provided.

The incomplete portion of the form at the bottom is filled out by the service provider who received the referred client. After completing the form, this part of the form is detached and given to the client, who will then return it to the original service provider.

When the original service provider receives the bottom part of the form, he or she will know that the client he or she referred actually got service, and what type of service the client received. This is an important way of ensuring that the holistic needs of individuals are met and different service providers active in the same community are coordinated, in order to provide continuous care to the patients.

Below are instructions for completing specific items on the form (figure 7).

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Two-Way Referral Form (Form P_3)

For Local Adaptation

To be filled out by the organization or person making the referral (Referring Organization)

Client's name: ..... Age: ..... Sex: .....

Address: .....

Referred From: ..... Referred To: .....

1. Medical Treatment	( )	9. Micro Credit Scheme	( )	17. Faith Based Support	( )
2. STI Treatment	( )	10. Financial Support	( )	18. Treatment Support	( )
3. VCT	( )	11. Social Support	( )	19. PEP Services	( )
4. ARV	( )	12. Peer Counseling	( )	20. Micro Finance	( )
5. PMTCT Services	( )	13. Psycho Social Support	( )	21. Pharmacy	( )
6. Home Based Care	( )	14. PLWHA Support	( )	22. OB/GYN Services	( )
7. Welfare Assistance	( )	15. Youth Support Groups	( )	23. Other _____	( )
8. RH/FP	( )	16. Nutrition Support	( )		

Name & Signature of Person Referring: ..... Title/Position: .....

Please detach along this line

Two-Way Referral Form

To be filled out by the organization or person making the referral (Referring Organization)

Client's name: ..... Age: ..... Sex: .....

Address: .....

Referred From: ..... Referred To: .....

1. Medical Treatment	( )	9. Micro Credit Scheme	( )	17. Faith Based Support	( )
2. STI Treatment	( )	10. Financial Support	( )	18. Treatment Support	( )
3. VCT	( )	11. Social Support	( )	19. PEP Services	( )
4. ARV	( )	12. Peer Counseling	( )	20. Micro Finance	( )
5. PMTCT Services	( )	13. Psycho Social Support	( )	21. Pharmacy	( )
6. Home Based Care	( )	14. PLWHA Support	( )	22. OB/GYN Services	( )
7. Welfare Assistance	( )	15. Youth Support Groups	( )	23. Other _____	( )
8. RH/FP	( )	16. Nutrition Support	( )		

Name & Signature of Person Referring: ..... Title/Position: .....

Please detach along this line

To be filled out by the organization receiving the referral (Receiving Organization)

Name of Receiving Organization: ..... Phone Number: .....

Address: .....

List of Services Provided	Services Completed as Requested Y/N	Follow Up Needed Y/N	Follow Up Date

Additional Comments:

Client's name: ..... Age: ..... Sex: .....

Address: .....

Name & Signature of the Person Treating: ..... Title/Position: .....

Figure 7. Two-Way Referral Form (Form P_3)

Client's name, age, sex, and address: Write the full name (e.g., first, middle, and last name) of the client, the age of the client, and the sex of the client in the spaces provided. If exact age is not available, write an approximate age. On the next line, write the client's address.

Referred From: Write the name of the organization, program, facility, or individual referring the client to another service.

Referred To: Write the name of the organization, program, or facility to which the client is being referred.

Numbered list of services: Check the services for which the client is being referred. If a client requires a referral for several services provided by more than one service program provider, a differnet referral form will need to be completed for each provider or program to which the client is being referred.

Name & Signature of Person Referring: Write the full name and signature of the person referring the client for the services.

Title/Position: Write the title and position of the person who referred (top sections) or treated (bottom section), the patient.

The middle portion is also completed by the person referring the client for services, similar to how the the top of the form was completed.

Name of Receiving Organization: Write the name of the organization, program, or facility to which the client was referred.

Phone Number: If available, write the phone number of the receiving organization, program, or facility.

Address: Write the address of the receiving organization, program or facility.

List of Services Provided; Services Completed as Requested Y/N; Follow Up Needed Y/N; and Follow Up Date: List the services the client was referred for in the first column and indicate if the service was provided, with "Y" indicating "yes" or "N" indicating "no" in the second column. Check whether the services provided match the services for which the patient was referred. In the third column, "Follow Up Needed Y/N," indicate if follow up is necessary, based on the results of client visit and type of services provided, using "Y" for "yes and "N" for "no.If follow up is necessary, write the date of the next follow-up visit in the fourth column.

Additional comments: Write issues and comments encountered during the consultation.

Activity Summary Report (Form P_4)

Purpose of the form: Form P_4 is designed to aggregate information from multiple Outreach Activity Form (Form P_2)s from the same behavioral change promoter into one Activity Summary Report (Form P_4), which is completed at the end of each reporting period. This summary report helps service providers to analyze, interpret, and prioritize their activities, based on the data they have gathered.

If a program only implements one type of activity (e.g., condom distribution through fixed service outlets), only that part of the form (e.g., "condoms distributed to clients") should be completed and submitted at the end of the reporting period.

Data sources: The Outreach Activity Form (Form P_2)s are the information sources for this form.

Who prepares this form: Typically, the behavioral change promoter who carried out the prevention activity and prepared the Outreach Activity Form (Form P_2) completes this report. If a program provides condom distribution activity through fixed service outlets, a person who is in charge of the service outlet should complete this report.

Below are instructions for completing specific items on the form (figure 8).

Name of the Behavioral Change Promoter: Write the name of the behavioral change promoter who carried out the prevention activity. For a fixed-site condom distribution outlet, write the name of the outlet and the name of the person who is completing the report.

Province and District: Write the name of the province and district where the person preparing

this document is active.

Reporting Period: Write the reporting period defined by each program.

1)Number of participants by type of message: Using the Outreach Activity Form (Form P_1)s, aggregate the data from "1) Type of message:" and "4) Number of participants:" into this section of the report, sorted by the message type.

2) Number of participants by type of approach: Using the information from the Outreach Activity Form (P_1) s, aggrregate the "2) Type of approach" and "4) Number of participants" accordingly into this section.

3) Number of participants by target audience: Using the Outreach Activity Form (Form P_1)s, "3) Target audience" and "4) Number of participants: total by male and female," aggregate the information into this section by the target audience.

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Activity Summary Report (Form P_4)

For Local Adaptation

Name of the Behavioral Change Promoter: _____

Province: _____ District: _____

Reporting Period: _____

1) Number of participants by type of message

	A only	A&B Only	A, B and C	Beyond A&B	Other
M					
F					
Total					

2) Number of participants by type of approach

	Individual Talk	Group Discussion	Art, Drama	Home Visit	Other (Specify)
M					
F					
Total					

3) Number of participants by target audience

	Youths	Adults	Teachers	Community Leaders	Other (Specify)	Total
Number						

4) Number of participants by age and gender

	10-14	15-19	20-24	>25	Total
M					
F					
Total					

5) Number of refferal made

	VCT	OVC	HBC	FP	STI
M					
F					
Total					

6) Number of supplies distributed

Supplies Distributed to Clients						Male Condom		Female Condom		
Poster	Pamphlet	Newsletter	Flip chart	Other (Specify)	Total	Sold	Free	Sold	Free	Total

Comments and Remarks

Signature of the Behavioral Change Promotor: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Figure 8. Activity Summary Report (Form P_4)

4) Number of participants by age and gender: Using the Outreach Activity Form (P_1)s, aggregate the number of participants by age and gender into this section.

5) Number of referrals made: Go through the Outreach Activity Form (Form P_1)s and aggregate the information from "5) Number of referrals made" by type of referral and gender into this section.

6) Amount of supplies distributed: Go through the **Outreach Activity Form (Form P_1)** s an aggregate information from "6) Number of supplies distributed" into this section. For fix-site condom distribution outlets, this information should come from the stock control card recorded at the outlet site.

Comments and Remarks: Use this space to note problems and issues encountered during the reporting period. This is an important channel of communication between frontline service providers and supervisors, allowing for richer information exchange than would be possible

from the numbers on the form alone.

Signature of the Behavioral Change Promoter and Date: At the end of each reporting period, the behavioral change promoter who completed this report must review the accuracy and completeness of the report and sign the document before submitting the report to his or her supervisor. Write the date that the completed report was submitted.

Signature of Supervisor and Date: The supervisor of the behavioral change promoter who completed the report should review the accuracy and completeness of the report and sign the document. Results of the report should be discussed and analyzed together with the service provider. Write the date that the report was received by the supervisor. A copy of the **Activity Summary Report (Form P_4)** should be kept with the behavioral change promoter in his or her records.

Register for Behavioral Change Promoters (Form P_5)

Purpose of the form: Form P_5 (figure 9) is designed to capture demographic information of the individuals who are registered and enrolled in a program as behavioral change promoters. This form should be filled out during the initial registration stage and should be updated as there are changes in the information. This information helps programs maintain an accurate count of active promoters and balance service demands with available human resources.

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Register for Behavioral Change Promoters (Form P_5)

For Local Adaptation

Register prepared by: _____ **Reporting Period:** _____

Date of Enrollment	Full name of the service provider	Gender M	Gender F	Age	Address (Province, District, Village)	Paid	Unpaid	Lost to follow up Date	Lost to follow up **Reason

**Lost to follow up codes:
1) Dropped out, 2) Fired, 3) Moved, 4) Died, 5) Unknown, 6) Other (Specify)

Figure 9. Register for Behavioral Change Promoters (Form P_5)

Data sources: The information on this form is provided by individuals registered as behavioral change promoters.

Who prepares this form: A program officer or an M&E officer at the program level is responsible for collecting this information from newly registered behavioral change promoters.

Below are instructions for completing specific items on th form (figure 9).

Register prepared by: Write the name of the program officer or an M&E officer who is responsible for collecting this information.

Reporting period: Write the reporting period defined by the program.

Date of enrollment: In the first column, write the date when the individual is registered and enrolled in the program as a behavioral change promoter.

Full Name of the Service Provider: Write the full name of the individual registered as a behavioral change promoter in the second column.

Gender and Age: Mark the gender of each behavioral change promoter by checking "M" for "male" or "F" for "female," and write the person's age in the next column. If the exact age of an individual is not available, an approximate age should be written.

Address (Province, District, Village): In the column, write the name of the province, district, and village where each behavioral change promoter currently lives.

Paid and Unpaid: For each behavioral change promoter, identify whether he or she works as a volunteer (without pay) or is salaried by checking the relevant column.

Lost to follow up, Date, and Reason: If the behavioral change promoter is no longer enrolled in the program, write the date when the promoter left from the program. (If the promoter is still enrolled in the program, this section should be blank). Write the date when the behavioral change promoter left program. If exact date is unknown, write the approximate date of the behavioral change promoter left the program. Under the column for "reason," choose one of the six reasons listed at the bottom of the register and write the corresponding number in this section or, if the reason is unknown, write "Unknown." If the reason is "6) Other (Specify)," summarize the reason in this column for the individual involved.

Training Record Form (Form P_6)

Purpose of the form: This form is designed to collect information from behavioral change promoters who participated in different types of HIV/AIDS prevention-related training (new or refresher courses) provided by the program. One training record form should be filled out for each training activity at the time of each training. The facilitator completes the upper part of the form, and each participant fills in their personal information in the table.

Data sources: This form is based on information provided by facilitators and trainees.

Who prepares the form: The upper portion (through line D) should be completed by the facilitator of the training. The second section (the table with information about the training participants) should be completed by the participants.

Below are instructions for completing specific items on the form (figure 10).

Name of the facilitator: A training facilitator completes the top portion of the form. Write the full name of the facilitator conducting the training course. If multiple facilitators are involved, list all of them.

Date of the training: Write the date when the training was conducted.

Province and District: Write the name of the province and district where the training took place in the relevant spaces.

A) Type of message: From the reference list, choose the item that best describes the main message that was the focus of the training. The list can be modified to match the type of messages provided by the program during the time of adaptation.

B) Training topic: From the reference list, choose the item that best describes the main topic

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Training Record Form (Form P_6)

For Local Adaptation

Name of the facilitator: _____ Date of the training: _____ Province: _____ District:_____

A) Type of message: 1) A and/or B, 2) Beyond A&B (including A,B&C), 3) Other (specify)

B) Training topic: 1) Skill development, 2) school health, 3) Counseling, 4) Condom use, 5) Other (Specify) **C) Specific title of the training:** _____

D) Target population:) In-school youth, 2) Out of school youth, 3) Married adults, 4) Single adults, 5) Teachers, 6) Parents, 7) Community leaders, 8) Other (Specify)

Name	Male	Female	Home Location of Trainees Province, District, Village	Type of trainee					Did you receive a training on the same type of message since ( )
				Youths	Teachers	Parents	Religious Leaders	Other (Specify)	
Total									

Comments and Remarks

Figure 10. Training Record Form (Form P_6)

of the training. The list can be modified to match the type of training provided by the program during the time of adaptation.

C) Specific title of the training: Write the specific title of the training (e.g., Life skill training for out-of-school, peer educators, etc.).

D) Target population: From the reference list on the right, choose the item that best describes the target population of the training.

Name: Each participant fills in his or her personal information in the form's table. Under "Name" in the first colum, each participant should write his or her full name (first name, last name, and middle name).

Male and Female: Each participant is expected to place a tick mark in the appropriate column.

Home Location of Trainees Province, District, Village: In this column, participants are expected to write their home location (province, district, village, and household identification information), which can be used to locate them later. The program also uses this information to understand the geographical distribution of trained personnel.

Type of Trainee: Each participant should place a tick mark in the relevant columns (e.g., "youths," "teachers," etc.) or should concisely describe what type of trainee this person is under the "Other (Specify)" column.

Have you received training on the same type of message since ( ): If a participant has already received a training on the same type of message (e.g., A or B, beyond A&B, etc.) during the same reporting period, he or she should write "yes" in this column, otherwise leave the space blank. This is an important way of avoiding double-counting of those individuals who received a training on a specific prevention activity during the same reporting period. Before participants enter their personal information, the facilitator must write the starting date for the current reporting period within the parentheses of this column's heading.

Total, and Comments and Remarks: Totals should be entered for the relevant colums (e.g., the number of males, the number of females, etc.). Use the comments and remarks space to note problems and issues encountered during the training. This is an important channel of communication between a facilitator and his or her supervisors, allowing for richer information exchange than would be possible from the numbers on the form alone.

Support Summary Form (Form P_7)

Purpose of the form: Form P_7 is designed to identify, understand, and address problems that are encounted by behavioral change promoters during their day-to-day activities. In order for programs to be sustainable, the needs of program service providers need to be defined and addressed. Support includes money or material assistance, and mentorship or supervision that assists service providers in carrying out their tasks. This form should be filled out every time the program provides support to a behavioral change promoter. The information on the form allows the program to understand the amount of support necessary to assist service providers

on a daily basis, beyond training or workshops.

Data sources: This form is completed based on the type of support provided to the behavioral change promoter.

Who prepares the form: Typically, the program officer or M&E officer who provides support to a behavioral change promoter completes this form.

Below are instructions for completing specific items on the form (figure 11).

Name of the person providing support: Write the name of the person who is providing support to behavioral change promoters. (Typically, this is the person completing the form.)

Province and District: Write the name of the province and district where the individual providing support is active (typically, the person completing the form).

Period From/To: Write the reporting period, as defined by the program.

Date: Write the date of the support provided.

Name of support recipient or Prevention committees/group: Write the full name of the

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Support Summary Form (Form P_7)

For Local Adaptation

Name of the person providing support: _____ Province: _____ District: _____

Period From: _____ To: _____

Date	Name of the support recipient or Prevention comittees/groups	Gender	1) Type of promoter					2) Type of Support Provided						Signature
			Peer Educator	Teacher	Parents	Community Leader	Other	Material (#)		Monetary	Mentorship	Supervision	Other	
Comments and Remarks														

Figure 11. Support Summary Form (Form P_7)

recipient who received support from the program. If the recipient is a committee or a group, write the name of the committee or group.

Gender: Write the gender of the support recipient. In case of a committee or group, leave this space blank.

1) Type of Promoter: Place a check mark in the appropriate column to indicate the type of behavioral change promoter who was supported (e.g., peer educator, teacher, etc.). If the recipient of the support is a committee or group, write the type of committee or group (e.g., teachers' committee, parents' committee, etc.). During the time of adaptation, this list can be modified to reflect the type of promoters supported by the program.

2) Type of Support Provided: List the type of support under the appropriate heading. For example, a bicycle to conduct outreach would be listed under the "Material" heading, as would bags, notebooks, pens to record information, etc. Write the specific material that were provided and the number of these materials. For "Monetary," "Mentorship," and "Supervision," check mark the appropriate box if that type of support was provided. For example, a transportation fee would be monetary, on-the-job training or regular communcation about work would be mentorship, and a visit by a supervisory would be supervision. During the time of adaptation, this list can be modified to reflect the type of support provided by the program.

Signature: If money or material support was given, the service recipient needs to sign this section to ensure accountability of the program.

Comments and Remarks: Use this space to note problems and issues encountered during the activity. This is an important channel of communication between support providers and their supervisors, allowing for richer information exchange than would be possible from the numbers on the form alone.

Supply Stock Management Form (Form P_8)

Purpose of the form: Form P_8 is designed to summarize stock supplies at the program management level. One form should be filled out per reporting period. By monitoring the availability and number of IEC materials, condoms, etc., the program will be better equipped to maintain appropriate levels of stock. This form does not collect information about the number of individuals who received supplies but rather captures the total number of supplies that were distributed.

Data sources: Activity Summary Report (Form P_4)s are used to provide the information.

Who prepares the form: A person responsible for stock management at the program management level completes this form.

Below are instructions for completing specific items on the form (figure 12).

Report Prepared By: Write the name of the person responsible for managing supplies.

Reporting Period From/To: Write the reporting period as defined by the program.

Dates: In the second column of the form, write the first day of the reporting period as the date of the opening balance, and then the date on which each item was produced/received or distributed. Since supply production or distribution can take place more than once during the reporting period, space is allocated to allow for several entries on different dates.

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Supply Stock Management Form (Form P_8)

For Local Adaptation

Report Prepared By: _____ Reporting Period From: _____ To: __

	Dates	IEC					Condom			
		Poster	Pamphlet	Newsletter	Flip Chart	Other (Specify)	Male		Female	
(1) Amount at Beginning of Period										
(2) Amount Produced/ Received										
	Total									
(3) Amount Distributed to Service Providers										
	Total									
(4) Amount at End of Period = (1) + (2) - (3)										
							Sold	Free	Sold	Free
(5) Amount Distributed to Clients										
6) Number of condom service outlets reported										
Comments and Remarks										

Signature: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Figure 12. Supply Stock Management Form (Form P_8)

1) Amount at Beginning of Period: For the items listed under "IEC" and "Condoms," write the amount of each item on hand at the beginning of the reporting period (this figure comes from the ending balance on the form from the previous reporting period).

2) Amount Produced/Received: If the items were produced by the program at the level of the person filling out the form (e.g., IEC materials), write the total amount of such items produced or received. If the supplies were produced by others and given to the program at the level of the person filling out the form, write the total amount of supplies received.

3) Amount Distributed to Service Providers: Under each specific heading, write the total amount of supplies distributed from the program to service providers during the reporting period. This may not necessarily correspond to the number of supplies distributed to clients.

4) Amount at End of Period = (1) + (2) + (3): Write the amount of each item on hand at the end of the current reporting period. This figure should equal the sum of the first two lines (amount at beginning and amount producedd or received) minus the third line (amount distributed to providers). This figure then becomes the beginning amount for each item for the next reporting period.

5) Amount Distributed to Clients: Write the total amount of supplies distributed from behavioral change promoter to clients. The source of this information is the Activity Summary Report (Form P_4)s collected at the service provider's level.

6) Number of condom service outlets reported: If a program provides condom distribution activity through fixed service outlets, review the Activity Summary Report (Form P_4)s submitted by the service outlets to report on the number of condoms distributed during this reporting period.

Comments and Remarks: Use this space to note problems and issues encountered during the reporting period. This is an important channel of communication between a person responsible for stock management and his/her supervisors, allowing for richer information exchange than would be possible from the numbers on the form alone.

Signature and Date: At the end of each reporting period, the individual responsible for completing this form must review the accuracy and completeness of the report, and sign and date the document, before submitting it to his or her supervisor.

Signature of Supervisor and Date: The supervisor of the person who completed this form should review the accuracy and completeness of the report, and sign the document. Write the date that the report was received by the supervisor. The supervisor should analyze and discuss the results of the report with the person who completed the form. A copy of the form should be kept by the person who completed it.

Periodic Summary Report (Form P_9)

Purpose of the form: This reporting form is designed to consolidate information from the rest of the HIV/AIDS prevention forms and reports during a given reporting period. The Periodic Summary Report (Form P_9) aggregates information submitted by behavioral change promoters, providing a snapshot of activities and achievements that enable a program to make evidence-based decisions. The report also fulfills the reporting needs of the program to the higher level (national level or donor).

Data sources: Five of the prevously described reports and forms are used:

- ❒ Activity Summary Report (Form P_4)
- ❒ Register for Behavioral Change Promoters (Form P_5)
- ❒ Training Record Form (Form P_6)
- ❒ Support Summary Report (Form P_7)
- ❒ Supply Stock Management Form (Form P_8)

Who prepares the form: A program officer or M&E officer at the program management level should be designated to prepare each Periodic Summary Report (Form P_9). If the person is a program officer, this person should ideally be located at the district or other sub-national level.

Below are instructions for completing specific items on the first page of the form (figure 13).

Name of organization: Write the name of the organization or program.

Reporting period: Write the reporting period as defined by the program.

Section A: List of Indicators is divided into numbered parts for each of a program's indicators.

1) Number of individuals reached: This indicator has five sections. In **1.1) By Type of Message**, review the Activity Summary Report (Form P_4)s collected from all the behavioral change promoters and aggregate the numbers from "1) Number of participants by type of message" into appropriate age and gender boxes. Calculate the totals for each column and enter these on the shaded row called "Total." Since the same individual can receive different types of messages, it is important NOT to sum the number of individuals across different message types, but the figures in each column should be added to get column total.

For line **1.2) By Type of Approach**, review the collected Activity Summary Report (Form P_4)s from all behavioral change promoters and aggregate the numbers from "2) Number of participants by type of approach" into the appropriate age and gender boxes. Calculate the totals for columns. Since the same individual can be counted in more than one type of approach, it is important NOT to sum the number of individuals across different approach types, but the figures in each column should be added to get column total.

For **1.3) By Target Audience**, review the Activity Summary Report (Form P_4)s collected from all the behavioral change promoters and aggregate the numbers from "3) Number of participants by target audience" into appropriate age and gender boxes and calculate the totals. For **1.4) By Age**, aggregate the numbers from "4) Number of participants by age and gender" into appropriate age and gender boxes of this section. Calculate the totals for both columns and

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Periodic Summary Report (Form P_9)

For Local Adaptation

Name of Organization: _____

Reporting Period From: _____ To: _____

Section A: List of indicators

Indicator	Achieved						
1) Number of individuals reached	1.1) By Type of Message (***An idnvidual can receive messages in more than one area)						
		A Only	A & B Only	A, B&C	Beyond A&B		
	M						
	F						
	Total						
	1.2) By Type of Approach (***An individual can be in more than one area)						
		Individual talk	Group discussion	Art, Drama	Home visit	Other (Specify)	
	M						
	F						
	Total						
	1.3) By Target Audience						
		Youths	Adults	Teachers	Community Leaders	Other (Specify)	Total
	Number of individual						
	1.4) By Age						
		10-14	15-19	20-24	>25	Total	
	M						
	F						
	Total						
2) Number of individuals referred for other services	2.1) By Type of Services (***An individual can be referred for services in more than one area)						
		VCT	OVC	HBC	FP	Other (Specify)	
	M						
	F						
	Total						
3) Number of individuals trained to promote HIV/AIDS prevention	3.1) By Type of Message						
		A and/or B	Beyond A&B	Other (Specify)			
	M						
	F						
	Total						
	3.2) By Type of promoter						
		Youths	Teachers	Parents	Community Leaders	Other (Specify)	
	Number of trainees						
4) Number of behavioral change promoters supported	4.1) By Type of Support (***An individual can receive support in more than one area)						
		Material	Monetary	Mentorship	Supervision	Other (Specify)	
	M						
	F						
	Total						
5) Number of behavioral change promoters who have stopped their involvement with the program	5.1) By Type of Promoters						
		Paid	Unpaid	Total			
	Number of individual						

Figure 13. Periodic Summary Report (Form P_9), first page.

rows and enter in the appropriate spaces (i.e., the total of all men and total of all women are recorded for each row in the final column called "Total," as well as the totals by age ranges in the shaded row called "Total" for each column).

2) Number of individuals referred for other services: For **2.1) By Type of Service**, review the Activity Summary Report (Form P_4)s collected from all the behavioral change promoters and obtain the total number of referrals under "5) Number of referrals made." Transfer this information into appropriate service types and gender boxes provided in this section of the form, as well as the total of men and women by service type. Since the same individual can receive referral service in more than one service area, it is important NOT to sum the number of individuals across different service types, but the figures in each column should be added to get column total.

3) Number of individuals trained to promote HIV/AIDS prevention: For **3.1) By Type of Message**, review the Training Record Form (Form P_6)s collected from all the training facilitators and obtain the total number of staff trained by each type of message (e.g. "A and/or B," etc.) and by gender. Enter the number of males and females in the appropriate spaces, as well as the totals on the line for totals. Count only those individuals who did not receive training on the same type of message during this reporting period. Since the same individual can be trained in more than one type of message (e.g., "A and/or B" and "Beyond A&B"), it is important NOT to sum the number of trained individuals across different types of training, but figures in each column should be added to get column totals. For **3.2) By Type of promoter**, obtain the sums of staff trained by type of trainee, and record these numbers in the appropriate boxes.

4) Number of behavioral change promoters supported: For **4.1) By Type of Support**, review the Support Summary Report (Form P_7)s collected during this reporting period and add up the number of individuals who received support from the program, organized by type of support. Transfer this information into corresponding boxes of the summary report. Since the same individual can be supported in more than one way, it is important NOT to sum the number of individuals across different support types, but the figures in each column should be added to get totals.

5) Number of behavioral change promoters who have stopped their involvement with the program: For **5.1) By Type of Promoters**, go through the Register for Behavioral Change Promoters (Form P_5)s, one by one, and look at "Lost to follow up." If an individual has left the program during this reporting period, count the number of individuals, organized by type of promoter (paid or unpaid), and transfer the numbers and their total to the appropriate boxes.

Below are instructions for completing specific items on the second page of the form (figure 14).

6) Number of condoms service outlets: Review the Supply Stock Management Form (Form P_8)s filled out during this period, and transfer the "Number of condoms service outlets reported" to this line of the summary report.

7) Number of condoms distributed to clients for free or sold: For **7.1) By Type**, review the Supply Stock Management Form (Form P_8)s for this reporting period and transfer the total "Amount distributed to clients" to the summary report, corresponding with type of condom (male or female) and free or sold. Give the total number of all condoms in the box provided.

8) Amount of IEC materials produced/received or distributed: For **8.1) By Type of materials**, review the Supply Stock Management Form (Form P_8)s for this reporting period and transfer the total "amount distributed to service providers" and "Amount distributed to clients" to corresponding types of IEC listed in the summary report. This indicator does not count the number of individuals who received IEC materials but rather the amount distributed.

9) Number of prevention committees/groups supported: For **9.1) By type of committees/ groups,** review the Support Summary Report (Form P_7)s collected during this reporting period and add up the number of committees or groups that received support from the program, organized by type of support. Transfer this information into corresponding type of support boxes in the summary report. Since the same committee or group can be supported in more than one support area, it is important NOT to sum the number of committee or group across different support types, but the figures in each column should be added to get column totals.

Indicator			Achieved				
6) Number of condom service outlets	Number of service outlets						
7) Number of condoms distributed to clients for free or sold	7.1) By Type						
	Male Condom		Female Condom				
	Sold	Free	Sold	Free	Total		
8) Amount of IEC materials produced/received or distributed	8.1) By Type of material						
			Poster	Pamphlet	Newsletter	Other (Specify)	Total
	Produced/Received						
	Distributed						
	Total						
9) Number of prevention commitees/groups supported	9.1) By Type of commitees/groups						
			Youth Club	Committee	Sports Club	Other (Specify)	Total
	Number of commitees						
10) Number of mobilization meetings held	10.1) Type of meeting						
			Communiy	Leader	School	Other (Specify)	Total
	Number of meetings						
11) Number of community leaders supported to promote behavior change to prevent HIV transmission	11.1) By Type of leaders						
			Religious	Community	Political	Other (Specify)	Total
	Supported						
12) Any other indicators identified by program							
13) Any other indicators identified by program							

Section B: Narrative

1) Major issues raised

2) Achievements and success stories

3) Challenges and lessons learned

4) Recommendations

Section C: Submission

Date of submission: _____

Prepared by: _____ Signature: _____

Figure 14. Periodic Summary Report (Form P_9), second page.

10) Number of mobilization meetings held: Regarding **10.1) By type of meeting**, none of the CLPIR data collection forms gather this information. Program managers or supervisors should provide this information based upon program records and their own knowledge of mobilization activities supported through the program.

11) Number of community leaders supported to promote behavioral change to prevent HIV/AIDS transmission: For **11.1) By type of leaders**, review the Support Summary Report (Form P_7)s for "1) Type of behavioral change promoter" and count the number of community leaders who received support from the program during this reporting period, organized by type of leader. Transfer the total numbers to this section accordingly to the report, with a total of all leaders.

12) Any other indicators identified by program and **13) Any other indicators identified by program:** These lines should be used to add any other indicators identified by a program.

Section B: Narrative: This section has four spaces for concise written notes. For **1) Major issues raised:** note any issues encountered during the reporting period. This is an important channel of communication between frontline service providers and program officers at all levels of the organization. For **2) Achievements and success stories,** note any achievements and success stories that cannot be captured through quantitative information. Qualitative information brings more insight into the quantitative information captured through rest of the report.

In **3) Challenges and lessons learned,** note any challenges and lessons learned during the reporting period. These can be shared within an organization to build organizational capacity and to plan strategies to overcome challenges. In **4) Recommendations**, bring up any recommendations that need particular attention at the program level, and use this as an important channel of communication between frontline service providers and the program officers at all levels of the organization.

Section C: Submission: At the end of each reporting period, the person who completed this report should review the accuracy and completeness of the report and sign the document before submitting the report to his or her supervisor. **Date of submission:** refers to the date on which the report was submitted. For **Prepared by:, w**rite the full name of the person who completed the report. For **Signature:,** the person who prepared the report should sign the report upon completion.

Indicator Reference Sheets for Prevention Programs

The following are reference sheets for the 11 illustrative indicators for prevention programs, listed in Table 1, pages 10-11. For each indicator, the following details are provided:

- **Disaggregations:** Each indicator can be further disaggregated by data elements such as age, gender, type of program, etc. The most meaningful types of disaggregation, as well as some examples, are provided.
- **Rationale:** The rationale for choosing each indicator is described here.
- **Definitions:** Detailed definitions for each indicator are provided.
- **Unit of measurement**
- **Data sources:** This section describes the data collection forms (from the previous section) that are used to collect each indicator.
- **Known data limitations and significance:** Data limitations for each indicator are provided so that the user is fully aware of the advantagse, as well as the limitations, associated with the indicator.
- **Example of data use:** Practical examples of data use are provided for each indicator. Through these examples, ways to transform data into information, and the way to link the indicator and service provision, are demonstrated.

Indicator 1. Number of Individuals Reached

Disaggregations: Type of message (e.g., A only, A&B only, A,B &C, beyond A&B, others), type of approach (e.g., individual talk, group discussion, art, drama), age, gender, and target population (e.g., youth, adults, teachers, community leaders).

Rationale: This indicator measures the number of individuals reached through HIV/AIDS prevention activities. In any prevention campaign, the more individuals who receive the message, the higher the number who change their behavior. It also provides a rough measure of an organization's contribution to community awareness and education; and of community exposure to the service. This is not an "ever-reached" number of individuals, but rather the number of individuals reached during the reporting period.

Definitions:

Individual reached This is defined as an individual who attended a community outreach activity and received a message focused on abstinence or being faithful, or beyond abstinence and being faithful. The extent of the message an individual receives in order to count toward that indicator is to be determined by each program. Since the same individual can attend an outreach activity more than once, it is important NOT to sum the number of individuals across different categories.

Unit of measurement: Number of individuals reached.

Data source: Activity Summary Report (Form P_4).

Known data limitations and significance:

- This indicator does not measure the effectiveness or impact of the message on behavior change of the individual who attended the outreach activity.
- There is a possibility of double-counting. If an individual attends more than one activity or the same activity more than once, the individual could be recorded multiple times during the same reporting period.
- This indicator does not measure the behavioral change of an individual who attended the outreach activity. Such an indicator would require more in-depth evaluation efforts such as a survey.

Examples of how indicator 1 might be used:

How many individuals received an abstinence and being faithful message from our program during this reporting period? If there are a target number of individuals to be reached for each reporting period, are we achieving the target for the reporting period? Do we see any trends over time?

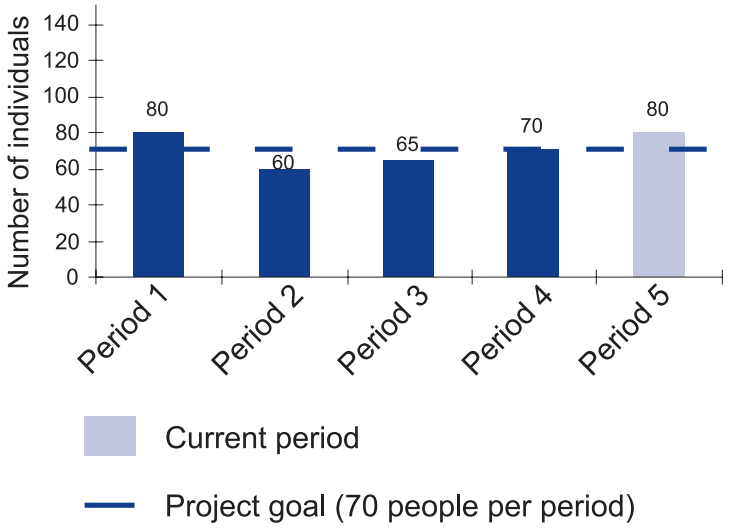


Figure 15. Number of individuals reached with AB messages, by reporting peroids.

Figure 15 shows the number of individuals reached over five reporting periods in a program that has a target of reaching 70 people per period.

How is the target population of my program defined by the individuals' characteristics (e.g., age, gender)? What are the characteristics of those individuals who attended our program? Are we successfully reaching our target population? Are we successfully keeping an appropriate gender balance?

Figure 16 shows the types of individuals who are attending a program (left). In this example, the majority (75%) are youth. If the target population for this program is to reach youth, then the project is successfully reaching that population. In the chart on the right, the age ranges of individuals are shown, with most (75%) between 10 and 19 years of age.

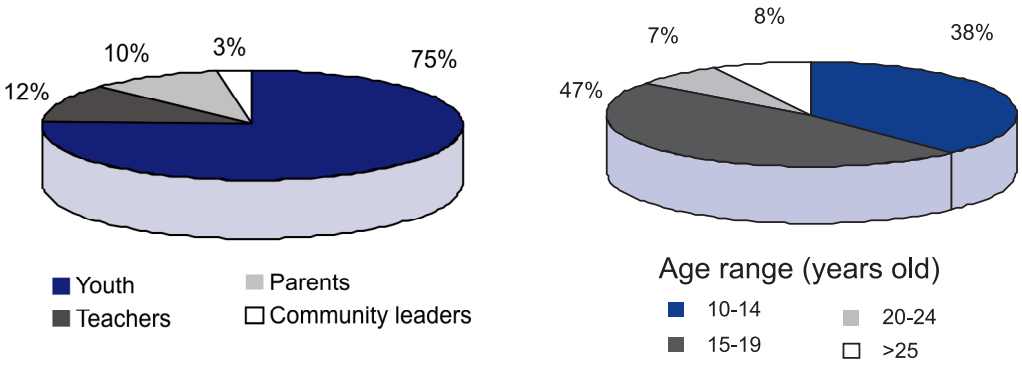


Figure 16. Types of individuals attending a program, and age ranges of individuals attending the program.

Of the total number of individuals reached, what percentages were reached with A messages only, A&B only, A,B and C, and beyond A&B?

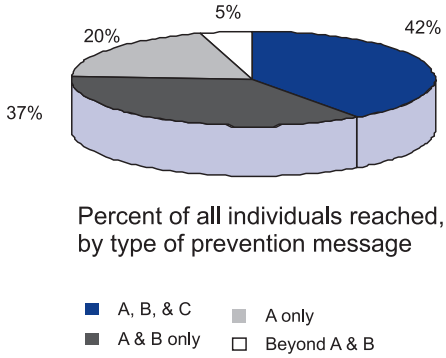


Figure 17 shows the percentages reached by different types of prevention messages, from among all individuals reached.

Figure 17. Prevention messages.

What proportion of the target population is attending our outreach activities? For example, if our program is targeting in-school youths between the age of 10 and 14, how many youths did we reach during the reporting period? Do we have a plan and specific target for each reporting period to achieve this goal?

The proportion of in-school youth between 10 and 14 years of age who are reached by a program is equal to the number of individauls of this group reached by a program divided by the total number of such youth within the program's catchment area. In some cases, a program might need to conduct a survey, use existing census data, or apply national figures to determine the overall target population within the catchment area. In other cases, this information might be available from a community or school.

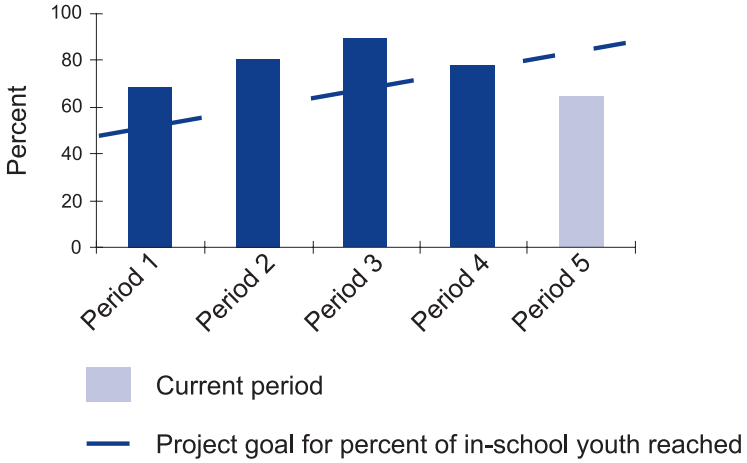


Figure 18 shows a hypothetical bar chart over five reporting periods with a program's target for each period indicated by the dashed line compared with the percent of youth reached per period. In the example, the program reached its targets during the first four periods, but did not reach its goal for the fifth period.

Figure 18. Percentage of target population reached by a program.

Indicator 2. Number of Individuals Referred for Other Services

Disaggregations: Gender and type of referral services (e.g., voluntary counseling and testing, OVC, HBC, family planning, sexually transmitted infecctions).

Rationale: This indicator measures coordination between different programs active in the community to meet the holistic needs of individuals.

Definitions:

Other service This refers to any type of prevention, care, or treatment service related to HIV/AIDS, reproductive health, or social services that is not provided through your own program (e.g. voluntary counseling and testing, OVC, HBC, family planning, sexually transmitted infections). Since the same individuals can be referred for multiple services, it is important NOT to sum the number of individuals across different types of referral services.

Referral The process of sending an individual from one service delivery point to another to meet the comprehensive needs of clients is a referral. Referring a client does not necessarily mean service is provided to an individual at the referred site.

Unit of measurement: The number of individuals referred for other services is the unit of measure for this indicator.

Data Source: Activity Summary Report (Form P_4)s, Two-Way Referral Form (Form P_3)s.

Known data limitations and significance:

- This indicator does not capture whether the service is actually provided to the individual at the referral site.
- This indicator is affected by the availability of service provided by other service providers in the community.
- This indicator does not capture the quality of services nor does it measure the impact of service on the individual.
- There is a possibility of double counting. If an individual is referred for more than one service or referred multiple times for the same service, that individual could be recorded multiple times during the same reporting period.

Examples of how indicator 2 might be used:

What kind of services are we referring the patient for? Is there higher demand for certain types of services than other? How can we share this result and coordinate with other service providers to meet the holistic needs of individual?

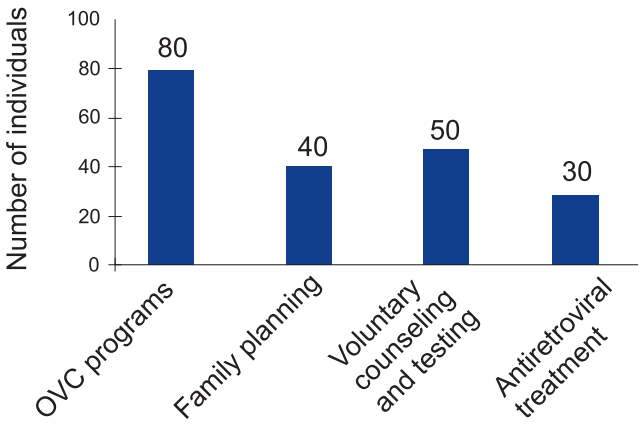


Figure 19. Number of individuals referred to other services, by service type.

Figure 19 shows the number of individuals referred by a program to other services, according to the type of service.

How do you know whether the client received the service at the site where he or she was referred? What proportion of the patients received the services for which they were referred?

The proportion of the patients who received a service is equal to the total number of individuals referred to the service (indicator 2) divided by the total number of individuals receiving the service, obtained from the Two-Way Referral Form (Form P_3)s. This is an important way of ensuring that the holistic needs of individuals are met and different service providers active in the communities are coordinated to provide continuous care to patients.

Indicator 3. Number of Individuals Trained to Promote HIV/AIDS Prevention

Disaggregations: Gender, type of message (e.g., A or B, beyond A&B, etc.), type of promoters (e.g., youth, adults, teachers, community leaders), and topic of the training.

Rationale: This indicator measures the availability of trained staff to promote HIV/AIDS prevention and behavioral change. It also measures the organization's contribution to the community's capacity to promote the prevention of HIV transmission.

Definitions:

Training This refers to new training or retraining of individuals that took place during the reporting period (it is not a cumulative number of ever-trained individuals). Training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills, or competencies to be gained by participants. Only participants who complete a training course should be counted. If a training course covers more than one prevention topic, individuals should only be counted once for that training course. If a training course is conducted in more than one session or training event, only individuals who complete all events or sessions should be counted. Since the same individual can be trained in more than one type of training, it is important NOT to add up the number of trained individuals across different type of training.

Unit of measurement: The number of individual trained to promote HIV/AIDS prevention is the unit of measurement for this indicator.

Data source: Training Record Form (Form P_6).

Known data limitations and significance:

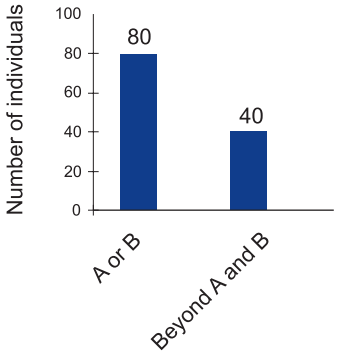
- This indicator does not address the quality of the training, nor does it measure the outcomes of the training in terms of the competencies of individuals trained, or their job performance.
- This indicator can only measure the number of individuals trained by type of message

and it does not measure the total number of individuals trained under the program. This is because the same individual can be trained in more than one type of message.

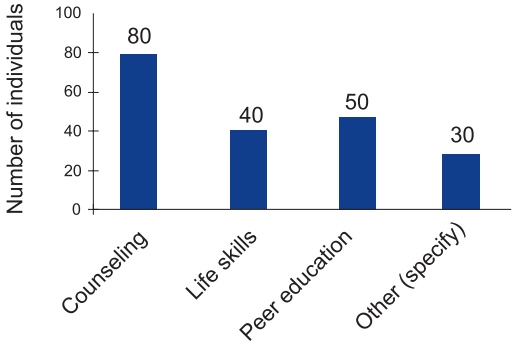
- This indicator does not capture whether trained individuals actually promote the prevention of HIV/AIDS transmission.
- This indicator does not measure the distribution of trained individuals to promote HIV/AIDS prevention.
- This indicator does not measure the duration of training or whether the individuals counted as being trained were counted during a previous period as being trained.

Examples of how indicator 3 might be used:

How many individuals were trained in A or B and beyond A&B messages by my program? Have we trained enough individuals across different types of messages?



How many individuals have we trained under each topic? Is there a proper balance of the number of staff trained across different topics?



Who are we training (type of trainee, age and gender)? Are we making sure that members of the community are participating in the trainings? Are we considering the sustainability and ownership of the program?

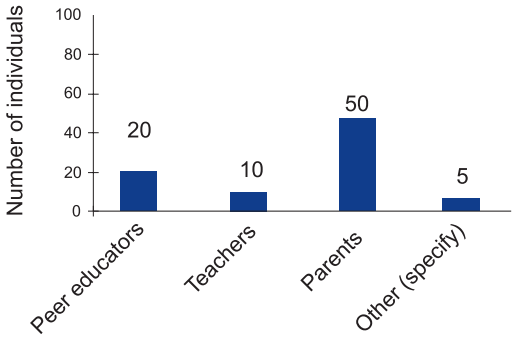


Figure 20 shows charts in which 80 individuals were trained in A or B, and 40 were trained in beyond A and B (top); the numbers trained across topics (center); and the types of trainees (bottom).

Figure 20. Examples of using indicator 3 data.

Indicator 4. Number of Behavioral Change Promoters Supported

Disaggregations: Type of support (e.g., material, monetary, mentorship, supervision) and gender.

Rationale: This indicator reflects the extent to which an organization remains in contact with its behavioral change promoters and attempts to identify and to address problems behavioral change promoters face during their day-to-day activities. This information allows program managers to understand the amount of support necessary to assist behavioral change promoters on a daily basis, beyond training sessions or workshops. It also measures the organization's contribution to the community's capacity to respond to the need for behavior change.

Definition:

Support This refers to any kind of assistance given by the program in response to the needs of behavioral change promoters who conduct outreach activities for HIV/AIDS prevention programs during their day-to-day activities. Examples include monetary or material support, mentorship, and supervision. Since the same behavioral change promoter can be supported by multiple types of services during the same reporting period, it is important NOT to sum the number of behavioral change promoters across different types of support services.

Unit of measurement: Number of behavioral change promoters supported is the unit of measure for this indicator.

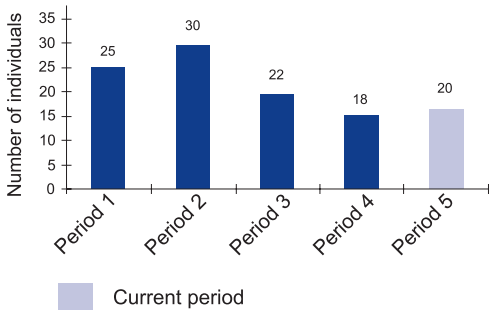
Data source: Support Summary Report (Form P_7).

Known data limitations and significance:

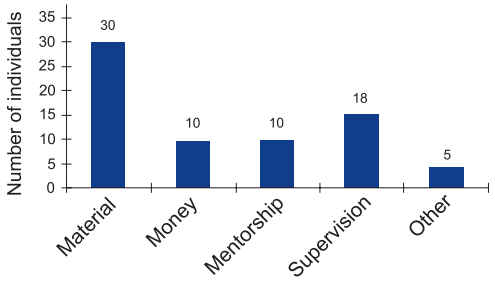
- This indicator does not capture quality of the support provided, nor does it measure the outcomes of the support.
- Double-counting is possible. If an individual receives the same type of support more than once, the individual could potentially be recorded multiple times during the reporting period.
- This indicator does not measure whether the most appropriate kind of support was provided to an individual.
- This indicator does not capture whether supported individuals actually promote the prevention of HIV/AIDS transmission.
- Some kinds of support require more extensive effort than others. Treating all support equally might cause misleading results.

Examples of how indicator 4 might be used:

Is our program providing continuous support to behavioral change promoters to ensure quality and sustainable program after the training?



What kind of support are we providing to behavioral change promoters? What level of resources do we need to support behavioral change promoters to carry out HIV/AIDS prevention outreach activities?



Who are we supporting? Are we making sure that the different types of behavioral change promoters are supported by the program?

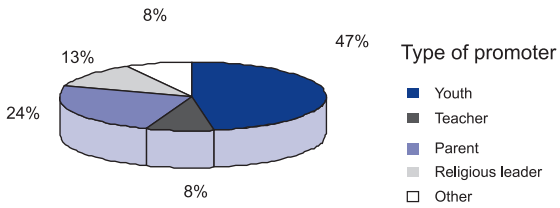


Figure 21 shows charts for number of promoters supported over five periods (top), the kind and level of support provided to promoters (middle), and types of promoters being suppoted.

Figure 21. Examples of using indicator 4 data.

Indicator 5. Number of Trained Behavioral Change Promoters Who Have Stopped Their Involvement with the Program

Disaggregations: Type of service provider, type of support they were providing, reason they discontinued involvement (e.g., lost to follow up,fmoved, etc.).

Rationale: This indicator is intended to capture staff dropout rate. The staff dropout rate can be an indirect measure of quality and sustainability of the program. This indicator also allows the program to maintain an accurate number of behavioral change promoters who conduct HIV/AIDS prevention outreach activities.

Definition:

Stopped involvement The minimum period of contact loss necessary to declare "stopped their involvement" should be defined by each program.

Unit of measurement: Number of behavioral change promoters who have stopped their involvement with the program is the unit of measure.

Data source: Register for Behavioral Change Promoters (Form P_5).

Known data limitations and significance:

- Obtaining the reason for discontinuation can be difficult, and the accuracy of the information is unknown.
- It is difficult to define "stopped involvement" when there are a variety promoters' positions and different degrees of involvement in the program.

Examples of using indicator 5 data:

What is the drop-out rate for my program? Do we have enough behavioral change promoters to carry out HIV/AIDS prevention activities?

What are the reasons for leaving the program? What types of behavioral change promoters are leaving from the program? What can the program do to reduce the trop out rate of the trained promoters?

$$\frac{\text{Total number of promoters dropped out (with reason + unknown reason) in this reporting period [Indicator 5]}}{\text{Number of promoters enrolled during previous reporting period} + \text{Number of newly enrolled promoters during this reporting period [from Register for Behavior Change Promoters (P_5)]}} \times 100 = \text{Drop-out rate (percentage) during the reporting period}$$

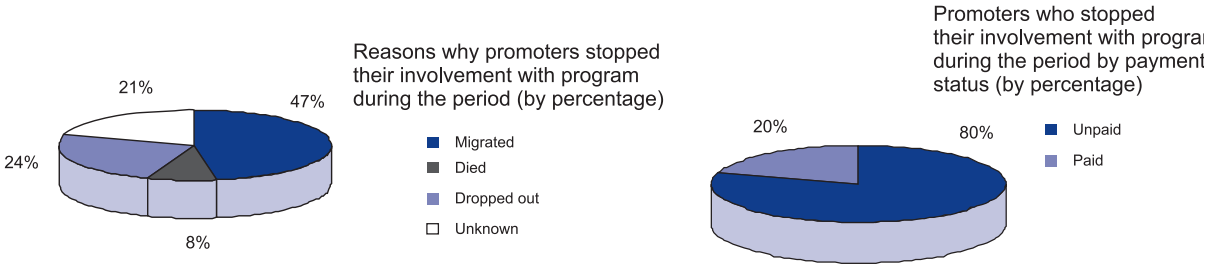


Figure 22. Formula for determining drop-out rate, chart showing reasons why promoters discontinued involvement with the program, and chart showing payment status among those who discontinued.

Figure 22 provides a formula for calculating the dropout rate (percentage) during a reporting period. The charts show the reasons for leaving the program and payment status among those who discontinued. (Note: Often, the reason for lost to follow up is unknown. Be sure to include those with "unknown" reasons in order to get meaningful results.)

Indicator 6. Number of Condom Service Outlets

Disaggregations: None.

Rationale: This indicator provides a tangible measure of the potential reach of condom distribution to a given community as an important part of a comprehensive prevention message.

Definition:

Condom service outlet This refers to a fixed distribution point or to a mobile unit with a fixed schedule, providing condoms for free or for sale. (Note: only those service outlets that submit an Activity Summary Report (Form P_7) with number of condoms distributed can be counted under this indicator.)

Unit of measurement: Number condom service outlets is the unit of measure.

Data sources: Supply Stock Management Form (Form P_8) and Activity Summary Report (Form P_7).

Known data limitations and significance: This indicator does not measure the amount of condoms distributed to clients.

Example of using indicator 6 data:

How many condom service outlets are distributing condoms to clients during this reporting period? Where are they located? Are we making sure that locations of the outlets are distributed according to the needs?

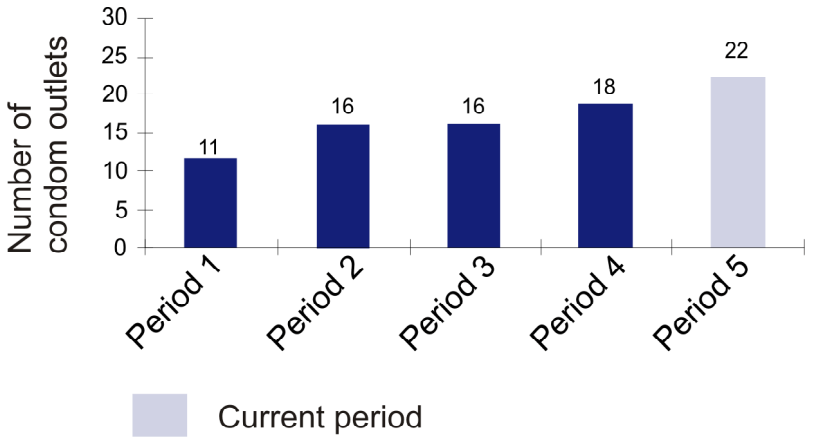


Figure 23 shows how many outlets are disstributing, by reporting period.

Figure 23. Number of condom service outlets distributing condoms to clients, by reporting period.

Indicator 7. Number of Condoms Distributed to Clients for Free or Sold

Disaggregations: Type of condoms (e.g., male, female).

Rationale: This indicator indirectly measures availability of condoms in the community. Removing physical barriers to condom distribution can reduce the transmission of HIV/AIDS.

Definition:

Distributed This is defined as condoms distributed from a program to clients. (Note: condoms should be distributed in conjunction with a risk reduction message.)

Unit of measurement: Number of condoms distributed for free or sold is the unit of measure.

Data Source: Supply Stock Management Form (Form P_8).

Known data limitations and significance:

- This indicator does not measure whether the recipients use or know how to use the condoms correctly.
- This indicator does not measure the number of people who received condoms.
- This indicator does not measure whether condoms are distributed in conjunction with a risk reduction message.

Examples of using indicator 7 data:

How many condoms have we distributed to clients during this reporting period? What types of condoms did we distribute?

Compared with the previous reporting periods, did we increase the number of condoms distributed? Have we achieved our target for this reporting period?

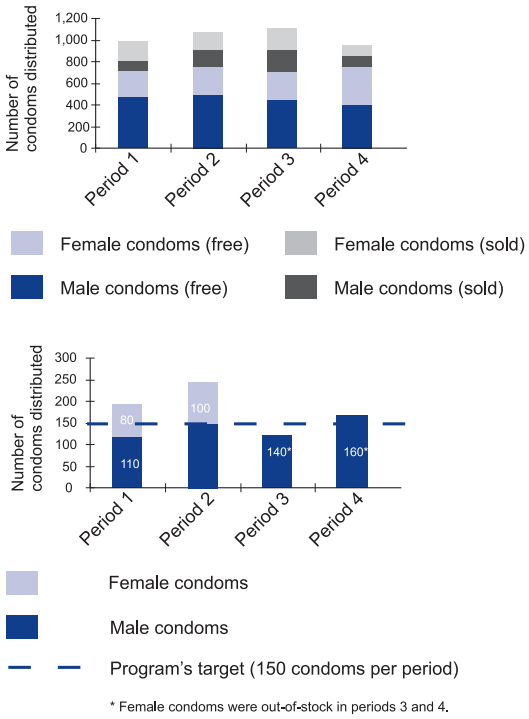


Figure 24. Condoms distributed by reporting periods.

Figure 24 shows how many condoms were distributed over reporting periods, by types. The bottom chart shows that distribution fluctuated, missing the target in period 3.

Indicator 8. Amount of IEC Materials Produced, Received, or Distributed

Disaggregations: Type of materials.

Rationale: This indicator is intended to measure the availability of IEC materials in the community to increase awareness and education on HIV/AIDS prevention.

Definitions:

IEC materials This refers to information, education, or communication (IEC) materials for community education on HIV/AIDS prevention.

Produced This refers to any materials produced by your own program at the level where reports are filled out.

Received This is the appropriate term if supply materials were produced by others (including your program at a higher level than where reports are filled out) and sent to your program for distribution.

Distributed This is defined as any supply materials distributed from your program into the community.

Unit of measurement: The amounts of IEC materials produced, received, or distributed are the units of measurement.

Data Source: Supply Stock Management Form (Form P_8).

Known data limitations and significance:

- This indicator does not measure the number of people who received IEC materials, nor does it measure the number of people exposed to the message.
- This indicator does not measure the quality of the material nor does it measure effectiveness of the messages. Such an indicator would require more in-depth evaluation.

Examples of using indicator 8 data:

How much IEC materials did we distribute to the community during this reporting period? Did we have any stock out of the materials?

Figure 25 shows the amounts of IEC materials. distributed, by type.

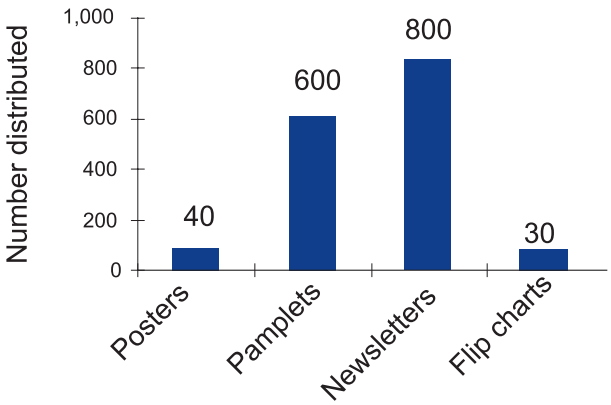


Figure 25. IEC materials distributed.

Indicator 9. Number of Prevention Committees or Groups Supported

Disaggregations: Type of group (e.g., religious, school-based, work, etc.).

Rationale: This indicator measures whether a program provides continuous support to prevention committees or groups to carry out prevention activities. This information measures the organization's contribution to the community awareness and education.

Definition:

Prevention committee or group This is a committee or group that involves local institutions, local leaders, community groups, or members of the community that meets regularly and organizes collective action to support HIV/AIDS prevention activities in the community.

Unit of measurement: Number of prevention committees or groups supported is the unit of measurement.

Data Source: Support Summary Form (Form P_7).

Known data limitations and significance:

- This indicator does not capture the quality of the support provided, nor does it measure the outcomes of the support.
- There is a possibility of double-counting. If one committee or group receives the same type of support more than once, that committee or group could be recorded multiple times during the reporting period.
- This indicator does not measure whether appropriate support is provided to a committee or group.
- This indicator does not capture whether supported committees and groups actually promote the prevention of HIV/AIDS transmission.
- Some support requires more extensive effort than others. Treating all the support equally might cause misleading results.

Examples of using indicator 9 data:

Are we successful in setting up different types of committees or groups to support HIV/AIDS prevention and to increase awareness? How many committees or groups are supported through our program?

Figure 26 shows the number of committees supported, by type of committee.

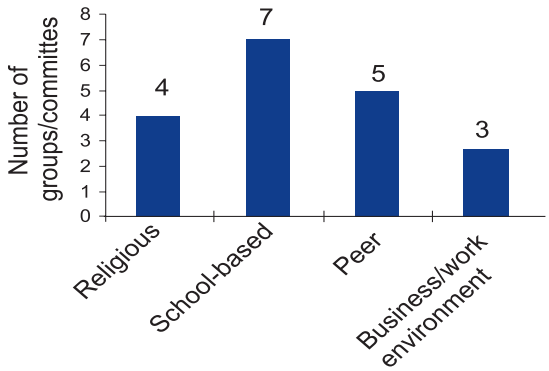


Figure 26. Prevention groups supported.

Indicator 10. Number of Mobilization Meetings Held

Disaggregations: Type of meeting (e.g., community, leader, school).

Rationale: This indicator is intended to measure one aspect of an organization's contribution to community mobilization in support of HIV/AIDS prevention. The involvement of others in the community can be an indirect measure of quality and sustainability of a program.

Definitions:

Mobilization meeting Any meeting that involves local institutions, local leaders, community groups, or members of the community to organize for collective action to support HIV/AIDS prevention activities in the community is a mobilization meeting. Community mobilization is characterized by respect for the community and its needs.

Type of meeting This includes events such as community meetings and school meetings. An organization should promote the types of meetings that best reflect the work of its program.

Unit of measurement: Number of mobilization meetings held is the unit of measurement.

Data Source: Periodic Summary Report (Form P_9).

Known data limitations and significance:

- This indicator does not capture the quality of the meetings, nor does it measure whether the outcomes of the meetings respond to the needs of community.
- This indicator does not capture how many resources are mobilized as a result of the meetings.

Examples of using indicator 10 data:

Are we successfully mobilizing and involving the community in our program? How many meetings did we conduct during this reporting period? What types of mobilization meetings have been conducted?

Figure 27 shows the number of meetings by reporting period (top) and types of meetings (bottom).

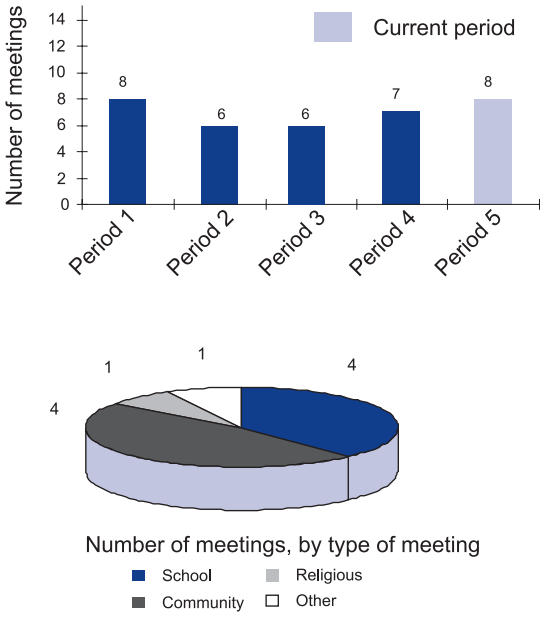


Figure 27. Number and types of meetings.

Indicator 11. Number of Community Leaders Supported to Promote Behavior Change to Prevent HIV Transmission

Disaggregations: Type of leader (e.g., religious, community, political).

Rationale: This indicator is intended to capture one aspect of the organization's contribution to community awareness and education. The involvement of community leaders can be an indirect measure of quality and sustainability of a program.

Definitions:

Community leader This can refer to a political, religious, or administrative leader who is active in the community.

Supported A community leader is "supported" when any kind of assistance is given by the program in response to the needs of behavioral change promoters in order to conduct outreach activities. Support can be material, monetary, or a form of mentorship.

Unit of measurement: Number of community leaders trained or supported is the unit of measurement.

Data source: Support Summary Form (Form P_7).

Known data limitations and significance:

- This indicator does not capture the quality of the support provided, nor does it measure the outcomes of the support.
- There is a possibility of double counting. If an individual receives the same type of support more than once, one individual could be recorded multiple times during the reporting period.
- This indicator does not measure whether the support provided is appropriate to the community leader's needs.
- This indicator does not capture whether supported individuals actually promote the prevention of HIV/AIDS.
- Some kinds of support require more extensive effort than others. Treating all support equally might cause misleading results.

Examples of using indicator 11 data:

Is our program involving community leaders, religious leaders and political leaders to promote behavioral change to prevent HIV transmission? How many community leaders are supported by our program?

Figure 28 answers some of the above questions.

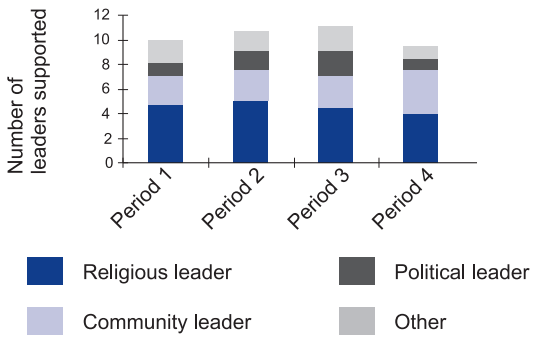


Figure 28. Types of community leaders supported.

CLPIR Tools: Home-Based Care Programs

Suggested Indicators, Forms and Reports, Instructions, Indicator Reference Sheets

Community-Level Program Information Reporting for
HIV/AIDS Programs — Module 1

Introduction

This section of the module is specially designed for the stakeholders involved in HBC activities, and is focused on home-based care aspect of the HIV/AIDS program at the community level. The HBC portion of the module is divided into the following sections:

- a list of 12 illustrative HBC program indicators (summarized in table 2);
- a description of the nine data collection forms and reports;
- a guide to using each of the sample data collection forms and reports; and
- indicator reference sheets for each indicator, listing key aspects.

Illustrative program indicators related to the HBC activities are presented first, followed by sample data collection tools used to generate these indicators. Then, a user guide provides step-by-step instructions on how to complete each of these data collection forms and registers. Finally, indicator reference sheets define each of these indicators, and describe the rationale and data limitations. The sheets also present simple visual examples of how these collected indicators can be used to monitor program performance. The examples demonstrate ways to transform the data into information, and ways to link indicators and daily work.

Although each of these four sections can be treated an independent topic, reading the material in the order given is recommended.

It is important to define home-based care. According to the Gaborone Declaration on Community Home-Based Care (March 2001), community-level HBC is care given to an individual in his or her own natural environment by his or her family and supported by skilled social welfare officers and communities to meet not only physical and health needs, but also spiritual, material, and psychosocial needs.*

For the purposes of CLPIR, HBC includes the following palliative care services, defined by PEPFAR† and adapted for this manual:

- **Clinical-care services:** These services provide prevention and treatment of opportunistic infections, alleviation of HIV-related symptoms and pain, and nutritional rehabilitation for malnourished people living with HIV/AIDS.
- **Psychological care services:** These services provide interventions that address the non-physical suffering of individuals and family members, such as mental health counseling, support groups, identification and treatment of HIV-related psychiatric illness such as depression and related anxieties, and bereavement services.

* *Monitoring HIV/AIDS Programs: A Facilitator's Training Guide. Module 4: Monitoring and Evaluating Community Home-Based Care Programs.* Arlington, VA: Family Health International; 2004.

† ABC Guidance #1 (Abstinence, Be Faithful, and Correct and Consistent Condom Use), for United States Government In-Country Staff and Implementing Partners Applying the ABC Approach to Preventing Sexually-Transmitted HIV Infections within The President's Emergency Plan for AIDS Relief [Web page], accessed April 2010 at http://www.pepfar.gov/guidance/c19545.htm; The U.S. President's Emergency Plan for AIDS Relief (PEPFAR). *Next Generation Indicators Reference Guide [version 1.1]*. Washington: PEPFAR; 2009. Accessed May 2010 at http://www.pepfar.gov/documents/organization/81097.pdf.

- **Spiritual care services:** These services provide culturally-sensitive interventions that support individuals and families through faith and ritual, life review, assessment, and counseling on hopes, fears, meaning of life, guilt, forgiveness, and life completion tasks.
- **Supportive care services:** These services assist individuals and family members in linking to such care as child care, adherence to treatment, legal services, housing, food support, and income-generating programs.
- **Prevention care services:** These include interventions for sero-discordant couples, including ongoing counseling; community-based support groups; provider-delivered prevention messages focused on disclosure; correct and consistent condom use for populations engaged in high-risk behavior; and mutual fidelity.

For detailed definitions of these home-based care services, refer to PEPFAR's Web page, HIV/AIDS Palliative Care Guidance #1, at http://www.pepfar.gov/guidance/75827.htm.

Illustrative Program Indicators for HBC Programs

Twelve indicators related to home-based care programs are described in table 2. These indicators are summarized by focus area (e.g., client, provider, household, community, etc.), along with an indicator label, suggested disaggregation, definition, justification, and possible data sources (the CLPIR data collection forms). The indicators are briefly explained in the table, while the indicator reference sheets section provides details on the data sources and the potential use by program staff.

Table 2. CLPIR Illustrative Indicators for HBC Programs

Indicator *Number or amount of…*	Suggested Disaggregation	Definition	Justification	Data Source*
Focus Area — Individuals				
1. Patients enrolled	Gender Age New or currently enrolled Functional status (bed ridden, ambulatory, working)	Total number of patients registered with the program at the end of reporting period (does not necessarily mean patients are currently or regularly receiving support)	Allows the program to balance service demand with resources available	8
2. Patients provided with HBC and support services	Type of service (clinical, psychological, spiritual, supportive care and preventive care. Age Gender	Patients served by the community and HBC programs during the reporting period (does not include patients receiving facility-based care only)	Is a partial measure of demand met by the program	4
3. Patients provided with ARV adherence support	Gender Type of support (pill count, counseling, buddy support, etc.)	Counseling can be formal or informal; interventions after starting ART should also be individualized to the patient and include ongoing education about importance of medication adherence and consequences of non-adherence; social support; use of reminders to take medications; continuous reinforcement of adherence.	Is a key aspect of the linkage between facility-based services and non-facility-based services	4
4. Patients lost to follow up	Gender Reason (dead, migration, dropped out, unknown, other)	Number of patients enrolled for service at one time and lost contact (program should define minimum period of lost contact necessary)	Helps to maintain accurate number of patients being served by the program, and to understand reasons for program discontinuation	4
5. Patients referred for other services, by type of service	Gender Type of service referred for (VCT, ART, PMTCT, STI treatment, etc.)	Number of patients referred to other programs (facility or non-facility) for services not provided by this program	Measuring the degree to which referral occurs as a way of ensuring the holistic needs of clients are met	4

Indicator *Number or amount of…*	Suggested Disaggregation	Definition	Justification	Data Source*
6. Patients visited at least once in a given period.		Number of patients visited by program staff or volunteer in a given period to track individual need (the specific period will be program-determined)	Monitoring of individual patients need	4
Focus Area — Providers				
7. Individuals trained to provide HBC	Gender Type of training (counseling, palliative care, community mobilization, others)	Anyone who ensures HBC, including those who provide, make referrals to, and/or oversee social services (training refers to new training or retraining; training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills, or competencies to be gained by participants)	Measures the contribution of this program to the community's capacity to respond to the needs of clients	6
8. Individuals supported to provide HBC	Type of provider Type of support (transport, allowances, mentoring, supervision etc) Paid or unpaid status	Anyone who ensures care for clients, including those who provide, make referrals to, or oversee social services (support may be material, monetary, mentorship, or social)	Measures the program's contribution to the community's capacity to respond to the needs of clients	7
9. Trained providers who have stopped their involvement	Type of provider Reason for discontinuing involvement (e.g., dropped out, fired, moved, died)	Anyone supported by the program to ensure care for clients, including those who provide care, make referrals to or oversees social services (support may be material, monetary, mentorship, or social).	Measures retention of the providers in the programs as a contribution of this organization to the community's capacity to respond to the needs of HBC clients; helps explain reasons for program discontinuation	9

(continues on next page)

*** Data Source Legend:** 4 = Home-Based Care Provider Report (Form HBC_4)
6 = Training Record Form (Form HBC_6)
7 = Support Summary Form (Form HBC_7)
8 = Home-Based Care Enrollment Summary Sheet (Form HBC_8)
9 = Periodic Summary Report (Form HBC_9)

Indicator *Number or amount of…*	Suggested Disaggregation	Definition	Justification	Data Source*
Focus Area — Community				
10. Community mobilization meetings held	Type of meeting	Mobilization refers to activities or meetings geared to increase community participation in support of HBC clients	Measures a program's contribution to community mobilization	9
11. Community leaders supported to provide HBC	Type of leaders	Community leaders may be political, religious, or administrative	Measures a program's contribution to community awareness and education; advocacy	7
Focus Area — Supply				
12. Providers with stock-out of essential supplies	Type of supply (e.g., HBC kits, HIV testing kits, IEC materials, drugs)	Stock-outs and critical incidents refer to situations of no supplies or shortage of essential supplies	Measures steady availability of essential supplies	4

*** Data Source Legend:** 4 = Home-Based Care Provider Report (Form HBC_4)
6 = Training Record Form (Form HBC_6)
7 = Support Summary Form (Form HBC_7)
8 = Home-Based Care Enrollment Summary Sheet (Form HBC_8)
9 = Periodic Summary Report (Form HBC_9)

Overview of Data Collection Forms for HBC Programs

Following are the data collection forms, registers, and report forms that can generate prevention program indicators suggested in table 2. Since these are suggested forms, their design and content may need to be adapted for each country and program context. The forms are provide in appendix B in this report. Versions in Microsoft Word can be downloaded and modified from the CLPIR CD-ROM or the MEASURE Evaluation Web site at http://www.cpc.unc.edu/measure/tools:

- ❒ Home-Based Care Enrollment Form (Form HBC_1)
- ❒ Home Visit Register (Form HBC_2)
- ❒ Two-Way Referral Form (Form HBC_3)
- ❒ Home-Based Care Provider Report (Form HBC_4)
- ❒ Register for Service Providers (Form HBC_5)
- ❒ Training Record Form (Form HBC_6)

- Support Summary Form (Form HBC_7)
- Home-Based Care Enrollment Summary Sheet (Form HBC_8)
- Periodic Summary Report (Form HBC_9)

Figure 29 shows the relationship among registers, forms, and periodic report for home-based care programs across different levels of the reporting system. It shows that the same individuals rarely would be requested to fill multiple forms or registers, and frequency of the data collection also varies by levels. Thus, the full burden of data compilation does not rely on one individual. Recommended tools are completed at three levels:

- **The client management level:** This is the level where the interaction between client and service provider takes place and all the services provided to the client are recorded. Forms at this level are normally filled out at the time the service is provided.
- **The provider management level:** The data collected through client-provider interaction is aggregated and analyzed at this level by the same individuals who provide services to the clients. Forms at this level are normally filled out at the end of each reporting period, at which time summarized data are transferred to the program management level.
- **The program management level:** This level (e.g., at the CBO, NGO, or FBO level) is where the program is managed, support is provided to the service providers, and all the information related to the program is aggregated and summarized by an M&E officer into summary reports. The collected data should be analyzed, feedback should be prepared and provided, and appropriate action should be taken at this level. The synthesis of all reports at this level is the **Periodic Summary Report (Form HBC_9)** which aggregates information for all key indicators and passes it on to higher levels for further analysis and feedback.

As shown in figure 29, CLPIR reporting depends mainly on primary information collected at the point of contact between frontline service providers and clients, and to a lesser extent at the CBO/NGO/FBO program management level. Some of this primary information is aggregated in an intermediate **Home-Based Care Provider Report (Form HBC_4)**, and all information is then aggregated into a **Periodic Summary Report (HBC_9),** which contains all 12 CLPIR home-based care program indicators. The key elements of this information flow are as follows:

1. The **Home Based Care Enrollment Form (Form HBC_1)** is filled out during initial registration process to capture demographic information of a patient and his or her caregiver to determine whether or not to admit the patient into the program. These demographic data are then transferred to the **Home Visit Register (Form HBC_2)** to identify the location of a patient at the time of service delivery. At the end of each reporting period, information from the multiple enrollment forms (HBC_1s) is summarized into the **Home Based Care Enrollment Summary Sheet (Form HBC_8)** where the number of new, lost to follow-up, and currently enrolled home-based care patients is calculated. This information feeds into the **Periodic**

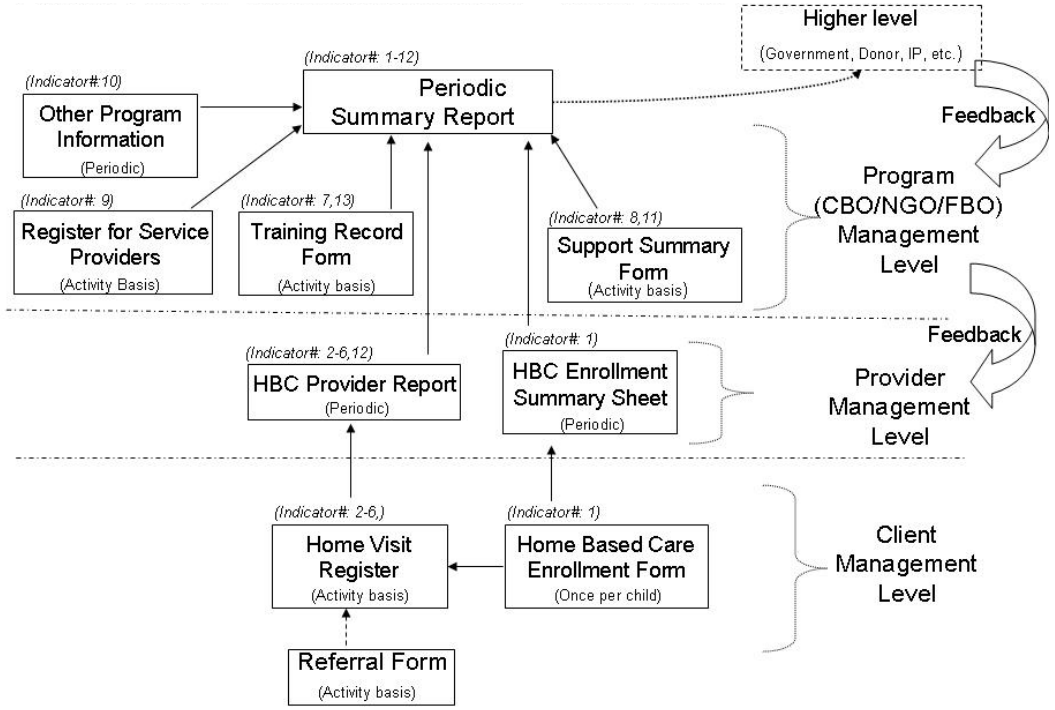


Figure 29. The relationship among CLPIR registers, forms, and reports for HBC programs across different levels of the reporting system.

Summary Report (Form HBC_9) to generate suggested indicators.

2. During the home visit, frontline service providers use the **Home Visit Register (Form HBC_2)** to keep a record of all services provided to a patient through a program. One **Home Visit Register (Form HBC_2)** is allocated for one patient per reporting period, to summarize the history of all the services provided to the patient during the reporting period. Through the use of this register, service providers are able to record when and what types of services are provided to each patient, to make sure that comprehensive services are available through the program. At the end of each reporting period, the information from multiple visit registers (HBC_2s) are tallied into one **Home Based Care Provider Report (Form HBC_4)**, which collects information about the services provided during the reporting period by each provider. Since this report is a summary of multiple visits conducted by the same service provider, the report is designed to assist service providers to analyze their own performance, to identify gaps and improve their activities. The information from multiple provider reports (HBC_4s) is then consolidated into one **Period Summary Report (Form HBC_9)** by the M&E officer of the CBO/NGO/FBO for further analysis and to generate a suggested list of indicators.
3. When a program (CBO, NGO, or FBO) conducts training for service providers on

home-based care, a facilitator of the training should complete the **Training Record Form (Form HBC_6)**, which captures information on trainees and training components. One form should be completed per training event. At the end of each reporting period, information from multiple training records (HBC_6s) should be tallied and aggregated into the **Period Summary Report (Form HBC_9)** by the program's M&E officer for further analysis and to generate a suggested list of indicators.

4. The **Support Summary Form (Form HBC_7)** is designed to collect information on support provided from the program to the service providers who ensure the care of patients and their family members. Types of support include monetary, material, training, and mentorship. This form needs to be completed by the program's staff each time support is provided to service providers. At the end of each reporting period, information from multiple support summaries (HBC_7s)should be tallied by the M&E officer and consolidated into one **Periodic Summary Report (HBC_9)** for further analysis at the program's management level.
5. The **Two-Way Referral Form (Form HBC_3)** is designed to support and strengthen the referral system among all service providers working in a community. Information in the referral forms (HBC_3s) is not aggregated. Each form is designed to keep track of a patient who is being transferred from one service provider to another.
6. The **Periodic Summary Report (Form HBC_9)** is an aggregation of all the information captured through the HBC forms and registers. It allows CBO, NGO, or FBO program managers to generate suggested indicators to analyze, interpret, and prioritize their program's activities. An aggregation should take place according to the period identified by each program. The information in the **Periodic Summary Report (Form HBC_9)** can also be used to report up to higher levels.

Sample Data Collection Forms and Instructions for HBC Programs

Each suggested CLPIR program form for HBC programs is described next, including instructions on how to fill out each form, who uses the form, and the form's purpose. The instructions can be used during training and should be kept at the service delivery point to ensure consistent use of data collection forms. (Forms are provided in full size in the module's appendix C.)

Home-Based Care Enrollment Form (Form HBC_1)

Purpose of the form: This form is designed to capture demographic information of an individual living with HIV/AIDS (patient) and of his or her family members, and the health condition of the patient. One form should be completed for each patient, as he or she is admitted to the program. This information allows a program to maintain an accurate number of people living with HIV/AIDS who are enrolled in the program. If there is any change to the information in the form, the information should be updated accordingly.

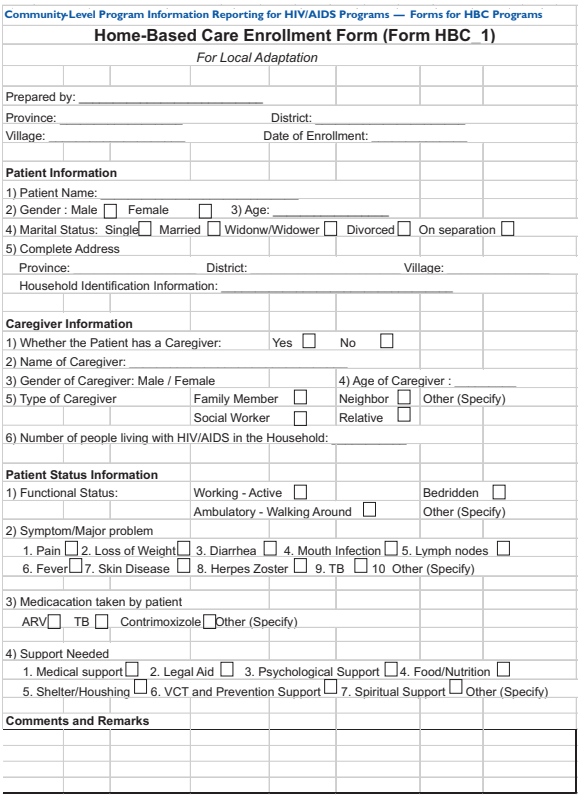
Data sources: Information is provided by the person living with HIV/AIDS and his or her family.

Who prepares this form: This depends on the program. The person filling out the form can be a service provider, program officer, or M&E officer of the program. Both the patient and his or her caregiver are recommended to be present at the time of assessment.

Issue of confidentiality: Oral consent from the person living with HIV/AIDS and his or her family members should be obtained before collecting information. It is important to explain the purpose of the enrollment form and the confidentiality related to the use of such data. Personal identifiable data should be collected only by people who have already signed a confidentiality agreement.

Below are instructions for completing specific items on the form (figure 30).

Prepared by: Write the name of the service provider, program officer, or M&E officer who conducted the assessment.



Community-Level Program Information Reporting for HIV/AIDS Programs — Forms for HBC Programs

Home-Based Care Enrollment Form (Form HBC_1)

For Local Adaptation

Prepared by: _____

Province: _____ District: _____

Village: _____ Date of Enrollment: _____

Patient Information

1) Patient Name: _____

2) Gender : Male ☐ Female ☐ 3) Age: _____

4) Marital Status: Single ☐ Married ☐ Widonw/Widower ☐ Divorced ☐ On separation ☐

5) Complete Address

Province: District: Village:

Household Identification Information: _____

Caregiver Information

1) Whether the Patient has a Caregiver: Yes ☐ No ☐

2) Name of Caregiver: _____

3) Gender of Caregiver: Male / Female 4) Age of Caregiver : _____

5) Type of Caregiver Family Member ☐ Neighbor ☐ Other (Specify)

Social Worker ☐ Relative ☐

6) Number of people living with HIV/AIDS in the Household: _____

Patient Status Information

1) Functional Status: Working - Active ☐ Bedridden ☐

Ambulatory - Walking Around ☐ Other (Specify)

2) Symptom/Major problem

1. Pain ☐ 2. Loss of Weight ☐ 3. Diarrhea ☐ 4. Mouth Infection ☐ 5. Lymph nodes ☐

6. Fever ☐ 7. Skin Disease ☐ 8. Herpes Zoster ☐ 9. TB ☐ 10 Other (Specify)

3) Medicacation taken by patient

ARV ☐ TB ☐ Contrimoxizole ☐ Other (Specify)

4) Support Needed

1. Medical support ☐ 2. Legal Aid ☐ 3. Psychological Support ☐ 4. Food/Nutrition ☐

5. Shelter/Houshing ☐ 6. VCT and Prevention Support ☐ 7. Spiritual Support ☐ Other (Specify)

Comments and Remarks

Figure 30. Home-Based Care Enrollment Form (Form HBC_1)

Province, District, and Village: Write the name of the province, district, and village where the person preparing this document is active.

Date of Enrollment: Write date of the enrollment, but only if the patient is admitted into the program.

Under **Patient Information**, complete the five numbered lines as described next.

1) Patient Name: Write the full name (e.g., first, middle and last name) of a patient being assessed.

2) Gender: Mark appropriate gender of the patient being assessed.

3) Age: Write the age of the patient. If exact age is not available, an approximate age should be written.

4) Marital Status: Mark the appropriate marital status of the patient being assessed.

5) Complete Address: Province: District: Village: and Household Identification Information: In the spaces indicated, write name of the province, district, village, and household identification information where the patient currently lives. If the patient does not have a fixed place to live, write the place where the service providers can find the patient. If the patient is admitted to the program, this information will be used to locate that patient to provide services.

Under **Caregiver Information**, complete the six numbered lines as described next.

1) Whether the Patient has a Caregiver: Caregiver is defined as an individual responsible for the day to day care of the patient. Examples are relative, neighbor, or social worker. If a patient has a caregiver, check "yes." If not, check "no."

2) Name of Caregiver: If a patient has a caregiver, write the full name (first name, last name, middle name) of the primary caregiver of the patient.

3) Gender of Caregiver: Mark the appropriate gender of the primary caregiver.

4) Age of Caregiver: Write the age of the primary caregiver being assessed. If an exact age of a caregiver is not available, an approximate age should be written.

5) Type of Caregiver: From the list provided, mark the appropriate type of caregiver.

6) Number of people living with HIV/AIDS in the Household: Write the total number of people living with HIV/AIDS in the same household. This number includes the patient being assessed.

Under **Patient Status Information**, complete the four numbered sections.

1) Functional Status: Choose one of the choices listed. "Working-Active" means the patient is able to work actively without any assistance. "Ambulatory – Walking Around" refers to

being able to walk with or without assistance (i.e., a person who is not confined to a bed or wheelchair). "Bedridden" means the patient is confined to a bed because of illness or infirmity. "Other (Specify)" is used if there is any other functional status of a patient (be sure to specify the type of status).

2) Symptom/Major problem: From the list provided, mark all the symptoms or problems that the patient is facing at the time of assessment. "Other (Specify)" may be used for any symptoms not listed (be sure to specity the type of symptoms).

3) Medication taken by patient: Mark all the medications taken by the patient at the time of assessment from the list provided. "Other (Specify)" may be used for any medications not listed (be sure to specity the type of medications).

4) Support Needed: Through the assessment results, identify all the support needed by a patient and his/her family members and mark them on the list provided.

Comments and Remarks: Use this space to note problems and issues encountered during the outreach activity. This is an important channel of communication between behavioral change promoters and supervisors, allowing a richer information exchange than from the numbers on the summary sheet alone.

Home Visit Register (Form HBC_2)

Purpose of the form: This register is designed to collect the history of all the services provided to each patient during the reporting period. Each page of the register is allocated to one client per reporting period as defined by each program. By monitoring the services given to a patient over time, providers will be able to capture comprehensive overview of each patient's status and will be able to provide appropriate services to meet his/her needs.

Data sources: Demographic information (name of client, province, district, village, gender, and age) comes from the Home-Based Care Enrollment Form (Form HBC_1). Other parts of the form are filled out based upon the type of support provided to a patient.

Who prepares this form: A frontline service provider conducting home visits prepares this document based on the care provided during the visit. Both the patient and his/her primary caregiver are recommended to be present at the time of visit.

Issue of confidentiality: Oral consent should be obtained from the person living with HIV/AIDS and his or her family members before collecting information. It is important to explain the purpose of the register and the confidentiality related to the use of such data. Personal identifiable data should be collected only by people who have already signed a confidentiality agreement.

Below are instructions for completing specific items on the form (figure 31).

Service providers should review the Home-Based Care Enrollment Form (Form HBC_1) before a home visit, to keep in mind the needs of each patient and to make sure that the services match the needs of each patient. Service providers should also review the Home Visit Register

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Home Visit Register (Form HBC_2)

For Local Adaptation

Name of organization: Reporting Period from To

Name of service provider: Province: District:

Name of Patient: Gender: Male / Female Age:

Address of Patient

Province: District: Village:

A: Type of Support Provided to Patient B: Referral

	Support						ARV Adherence						Referral				
Date	Clinical Care	Psychological Care	Spiritual Care	Supportive Care	Prevention Care	Other (Specify)	Client Education	Pill Count	Pre-ART Couseling	Buddy Support	Other (Specify)	Follow-up visit	TB	ART	Opotunistic Infection	STI	Other (Specify)

C: Lost to follow up date: Reason for leaving: 1) Dropped out, 2) Migrated, 3) Died, 4) Unknown, 5) Other (Specify)

Comments and Remarks:

Figure 31. Home Visit Register (Form HBC_2)

(Form HBC_2) from the previous reporting period for the patient, to remember the type of services provided to a patient during previous visits.

Name of organization: Write the name of the organization conducting home visit.

Reporting Period from ____ to ____: Write the reporting period defined by the program.

Name of service provider: Write the full name of the service provider conducting home visits

Province, District: Write the name of the province, district, and village where the service provider is active.

Name of Patient: Transfer the name of the patient from the HBC Enrollment Form (HBC_1), line "1) Patient Name."

Gender and Age: Transfer gender and age of the client from the HBC Enrollment Form (Form HBC_1), line "2) Gender," and line "3) Age."

Address of client: Province, District, Village: Transfer the name of the province, districtand

village where the patient lives from the enrollment form (HBC_1), line "5) Complete Address: Province, District, Village, Household identification information."

In section A: Type of Support Provided to Patient, the following information should be entered in the columns, from left to right.

Date: Write date of when the home visit was conducted.

Support and ARV Adherence: If any of the listed services are provided to a patient during a home visit, place a check mark in the appropriate boxes for each of the services that were provided. The number of contacts and the extent of services that a patient needs to receive in order to warrant a check mark in this section should be determined by each program.

Follow-up visit: Place a check mark in this column if the service provider made a home visit. Even if services are not provided during a home visit, service providers should visit a patient regularly to monitor his or her needs. Therefore, it is important to place a check mark here whenever the service provider visits a patient.

B: Referral: Place a check mark under all the referral cases that were made during the home visit. Under this section, only cases that are referred are recorded.

C: Lost to follow up date: If the patient is no longer enrolled in a program, write the date when the patient left the program. If the exact date is unknown, write the approximate date. (If the patient is still enrolled in the program, leave this section blank.)

Reason for leaving: If the reason for leaving from the program is known, mark one of the listed reasons in this section or write the reason next to "5) Other (Specify)." If the reason is unknown, mark "4) Unknown."

Comments and Remarks: Use this space to note problems and issues encountered during the reporting period. This section offers an important channel of communication between frontline service providers and supervisors, allowing a richer information exchange than from the numbers on the summary sheet alone.

Two-Way Referral Form (Form HBC_3)

Purpose of the form: This form is designed to support a referral system among different health service providers active in the community. Although referral information for program monitoring is already captured through the Home Visit Register (Form HBC_2), this referral form is designed to support the referral process itself. In other words, patients actually bring the form with them to the site to which they are referred, and the form is used by that site to ensure that the client is directed to a service provider to meet his or her needs.

Data sources: The form is filled out based upon patient needs (no other data sources are used).

Who prepares this form: The top and middle parts of the form are completed by the service provider who is referring a patient to other services. These two parts are identical, asking the

same information, because the referring service provider detaches the top part to retain on file. The service provider then gives the remainder of the form to client (which includes the information to be kept on file) and instructs the client to take the remaining form to the referral site.

The incompleted bottom part of the form is filled out by the service provider who received the referred patient. After completing this portion of the form, the bottom part of the form is detached and given to the patient, who then returns it to the original service provider.

Returning the bottom portion to the original service provider verifies that the patient did receive the service from the referral site. This is an important way of ensuring that the holistic needs of individuals are met and different service providers active in the communities are coordinated to provide continuous care to the patient.

Below are instructions for completing specific items on the form (figure 32).

Client's name: Write the full name (first, last, and middle name) of the client, in both the top and middle portions of the form.

Age: In both places, write the age of the client. If an exact age is not available, write the approximate age of the client.

Sex: Write the sex of the client in both places.

Referred From: and **Referred To:** In both the top and middle sections, write the name of the organization, program, facility, or individual that referred the client to other services; and the name of the organization, program, facility, or individual to which that the client is being referred.

List of services: Place a check mark by each treatment or service for which the patient is being referred, again doing so in both the top and middle sections.

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Two-Way Referral Form (Form HBC_3)

For Local Adaptation

To be filled by organization making the referral (Referring Organization)

Client's name: ..... Age: ..... Sex: .....

Address: .....

Referred From: ..... Referred To: .....

1. Medical Treatment	( )	9. Micro Credit Scheme	( )	17. Faith Based Support	( )
2. STI Treatment	( )	10. Financial Support	( )	18. Treatment Support	( )
3. VCT	( )	11. Social Support	( )	19. PEP Services	( )
4. ARV	( )	12. Peer Counseling	( )	20. Micro Finance	( )
5. PMTCT Services	( )	13. Psycho Social Support	( )	21. Pharmacy	( )
6. Home Based Care	( )	14. PLWHA Support	( )	22. OB/GYN Services	( )
7. Welfare Assistance	( )	15. Youth Support Groups	( )	23. Others	( )
8. RH/FP	( )	16. Nutrition Support	( )		

Name & Signature of Person Referring: ..... Title/Position: .....

Please detach along this line

Two-Way Referral Form

To be filled out by organization making the referral (Referring Organization)

Client's name: ..... Age: ..... Sex: .....

Address: .....

Referred From: ..... Referred To: .....

1. Medical Treatment	( )	9. Micro Credit Scheme	( )	17. Faith Based Support	( )
2. STI Treatment	( )	10. Financial Support	( )	18. Treatment Support	( )
3. VCT?	( )	11. Social Support	( )	19. PEP Services	( )
4. ARV	( )	12. Peer Counseling	( )	20. Micro Finance	( )
5. PMTCT Services	( )	13. Psycho Social Support	( )	21. Pharmacy	( )
6. Home Based Care	( )	14. PLWHA Support	( )	22. OB/GYN Services	( )
7. Welfare Assistance	( )	15. Youth Support Groups	( )	23. Others	( )
8. RH/FP	( )	16. Nutrition Support	( )		

Name & Signature of Person Referring: ..... Title/Position: .....

Please detach along this line

To be filled out by the organization receiving the referral (Receiving Organization)

Name of Receiving Organization: ..... Phone Number: .....

Address: .....

List of Services Provided	Services Completed as Requested Y/N	Follow Up Needed Y/N	Follow Up Date

Additional Comments:

Client's name: ..... Age: ..... Sex: .....

Address: .....

Name & Signature of the Person Treating: ..... Title/Position: .....

Figure 32. Two-Way Referral Form (Form HBC_3).

If a patient requires services provided by more than one provider, a referral form will need to be completed for each provider to which the patient is being referred.

Name & Signature of Person Referring: The person referring the patient should write his or her full name and provide his or her signature in the top and middle portions of the form. At the bottom, the person providing treament or a service at the receiving organization should do likewise on the line that reads, "Name & Signature of the Person Treating."

Title/Position: Write the title or position of the person who referred the patient (top section and middle sections); and person providing treatment or service does likewise on the relevant line in the bottom portion.

Name of receiving organization: The bottom portion is completed by the receiving organzation, which completes this line by writing the name of the organization, program, facility, or individual to which the patient was referred.

Phone number: If available, write the phone number of the receiving organization.

Address: Write the address of the receiving organization, program, facility, or individual.

List of services provided: Write all of the services that were provided to the patient.

Services completed as requested Y/N: Indicate if requested services were provided to a client by using "Y" for "yes" or "N" for "no," indicating whether the services provided match the services for which the patient was being referred.

Follow up needed Y/N: Indicate if follow up is necessary, based on results of the client visit and type of service provided, again using "Y" for "yes" or "N" for "no."

Follow-up date: If follow up is necessary, write the date of the next follow-up visit.

Additional comments: Write down the relevant issues and comments encountered during the consultation.

Home-Based Care Provider Report (Form HBC_4)

Purpose of the form: This form is designed to tally information from the Home Visit Register (Form HBC_2)s to summarize activities carried out by the same service provider during the reporting period. This summary report helps service providers analyze, interpret, and prioritize their activities based on data that they have gathered. This form should be completed by each service provider at the end of each reporting period.

Data sources: Home Visit Register (Form HBC_2).

Who prepares this form: The service provider who conducted the home visit and prepared the Home Visit Register (Form HBC_2), with the assistance of his or her supervisor, should complete this report.

Below are instructions for completing specific items on the form (figure 33).

Name of Service Provider: Write the name of the service provider responsible for conducting the home visits.

Reporting Period From ___ To ___ : Write the reporting period defined by the program.

A: Types of Patients Provided with Service: This section of the document captures the number of home-based care patients who received at least one of the services offered through the program during each reporting period, according to their gender and age ranges.

Go through the Home Visit Register (Form HBC_2)s, one by one, to identify if the patient received at least one of the services listed during this reporting period. Then, transfer the information on each person's gender and age (found at the top of the home visit forms) to the Home Based Care Provider Report (Form HBC_4), marking the appropriate circle under the relevant heading (e.g., for a 20-year-old male, mark one circle under the "Age 18-24" heading, in row "M," for "male"). After going through all the Home Visit Register (Form HBC_2)s, count the number of marked circles in each box (each gender by age group) and write the number down under the headings called "Total."

If a client received only a referral service or a follow-up visit but no direct services, the client should not be counted in this section.

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Home-Based Care Provider Report (HBC_4)

For Local Adaptation

Name of Service Provider: _____ Reporting Period from _____ To_____

A: Type of Patient Provided with Service

	Age				
	<18	18-24	25-29	30+	Total
M	OOOOOOOO	OOOOOOOO	OOOOOOOO	OOOOOOOO	
F	OOOOOOOO	OOOOOOOO	OOOOOOOO	OOOOOOOO	
Total					

C: Lost to follow up

Age	<18	18-14	25-29	30+	Total
M	OOOO	OOOO	OOOO	OOOO	
F	OOOO	OOOO	OOOO	OOOO	
Total					

D: Stock Out of Essential Supplies

HBC Kit	HIV Testing Kit	Drugs	IEC Materials	Other (Specify)

B: Type of Support Provided to Patient

	Support						ARV Adherence						Referral					Reason for leaving			
	Clinical Care	Psychological Care	Spiritual Care	Supportive Care	Prevention Care	Other (Specify)	Client Education	Pill Count	Pre-ART Counseling	Buddy Support	Other (Specify)	Follow Up Visit	TB	ART	Opotunistic Infection	STI	Other (Specify)	Dropped out	Migrated	Died	Unknown
M	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO
F	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO	OOOO
Total																					

E: Comments and Remarks:

Signature of Service Provider: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Figure 33. Home-Based Care Provider Report (Form HBC_4).

B: Type of Support Provided to Patient: Under the "Support" and "ARV Adherence" headings, this section of the document captures the number of patients receiving services by type of service and by gender. Going through the Home Visit Register (Form HBC_2)s one by one, review "A: Type of support provided to patient." If at least one check mark is placed under a specific type of service during this reporting period, this indicates that the patient received service from the program. Consquently, the corresponding service listed in this section of the Home Based Care Provider Report (Form HBC_4) should be marked acordingly, by the relevant gender. Even if a patient received the same service multiple times during the same reporting period, this person and service should only be counted once in the report. For example, a female patient who received clinical care services three times in the same reporting period should be represented by only one circle marked under the "Clinical Care" heading, in the "F" for "female" section. At the end of each reporting period, count the number of marked circles in each box and record the total number in the "Total" row of each column.

Follow-up visit, Referral, and Reason for leaving: Follow the same steps and procedures as above to complete these sections of part B. For example, if a patient left the program, transfer the reason for leaving identified in Home Visit Register (Form HBC_2) under "Reason for leaving" and mark a circle under the appropriate gender box in the HBC_4 report.

C: Lost to follow up: Go through the Home Visit Register (Form HBC_2)s one by one and review "C: Lost to follow up date." If a patient left the project during this reporting period, transfer the gender and age information to this section of the document. At the end, count the number of marked circles and write the number in the "total" row provided.

D: Stock out of essential supplies: If any of the essential supplies were out of stock at any time during this reporting period, place a check mark under the heading for the supply involved. Although supplies should be monitored regularly and service providers should report to their supervisors before the end of the reporting period if any of the essential supplies are out of stock, the information should be recorded here. The reference list of essential supplies must be adapted to the needs of each program.

E: Comments and Remarks: Use this space to note problems and issues encountered during the reporting period. This is an important channel of communication between frontline service providers and supervisors, allowing a richer information exchange than from the numbers on the summary sheet alone.

Signature of Service Provider and Date: At the end of each reporting period, the service provider who completed the report must review its accuracy and completeness, and sign the document before submitting the report to his or her supervisor. Write the date that the completed report was submitted.

Signature of Service Provider and Date: The supervisor of the service provider who completed the report should review the report for accuracy and completeness, and sign and date the document. Results of the report should be analyzed and discussed with the service provider. The service provider should keep a copy of each Home-Based Care Provider Report (Form HBC_4).

Register for Service Providers (Form HBC_5)

Purpose of the form: This form is designed to capture demographic information of individuals who are registered and enrolled in a program as service providers. This form should be filled out during the initial registration stage and should be updated if there are any changes to the information in this form. This information helps the program to maintain an accurate number of active providers and to balance service demands with available human resources.

Data sources: Information is provided by service providers.

Who prepares this form: A program officer or an M&E officer at the program level is responsible for explaining and collecting the information from newly registered service providers.

Below are instructions for completing specific items on the form (figure 34).

Register prepared by: Write the name of the program officer or M&E officer who is responsible for collecting this information.

Reporting Period: Write the reporting period defined by the program.

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Register for Service Providers (Form HBC_5)

For Local Adaptation

Register prepared by: _____ **Reporting Period:** _____

Date of Enrollment	Full name of the service provider	Gender M	Gender F	Age	Address (Province, District, Village)	Paid	Unpaid	Lost to follow up Date	Lost to follow up **Reason

**Lost to follow up codes:
1) Dropped out, 2) Fired, 3) Moved, 4) Died, 5) Unknown, 6) Other (Specify)

Figure 34. Register for Service Providers (Form HBC_5).

Date of Enrollment: Write the date of the enrollment for each service provider in the first column.

Full Name of Service Provider: Write the full name of the individual registered as a service provider.

Gender and Age: For each registered provider, mark the appropriate gender and write the individual's age. If the exact age is not available, an approximate age should be written.

Address: Write the name of the province, district, and village where an individual currently lives.

Paid/Unpaid: Identify whether the individual is working as a volunteer (without pay) or receives a salary.

Lost to follow up: When a service provider leaves a program, write the date that the provider discontinued service under the "Date" column. If the exact date of discontinuation is unknown, write an approximate date for when the provider left from the program. Under the "Reason" column, choose one of the reasons listed at the bottom of the form and enter its code number (for example, enter "3" in this column if the provider moved). If "6 Other (Specify)" is selected, enter "6" and specify the reason. If the reason is unknown, mark "5," the code number for "unknown."

For service providers still actively enrolled in the program, the "Lost to follow up" columns should be left blank.

Training Record Form (Form HBC_6)

Purpose of the form: This form is designed to collect information about care givers and service providers who participated in different types of home-based care training (new training or refresher courses) provided by the program during each reporting period. One training record form is allocated per training event; the form should be filled out whenever training takes place. While the facilitator completes the upper part of the form, each participant enters his or her personal information.

Data sources: Information on this form is provided by the facilitator and by each training participant.

Who prepares this form: The first part of the document (topic of the training, title of the training) is completed by the facilitator. Personal information about a participant is entered by that participant.

Below are instructions for completing specific items on the form (figure 35).

Province/District: Write the names of the province and district where the training took place.

Name of facilitator: Write the name of the facilitator conducting the training course. If multiple facilitators are involved, list all of them.

Date: Write the date when the training was conducted.

Topic of the training: From the list provided, choose the item that best describes the main topic of the training and mark it accordingly. This reference list can be adapted to meet the program needs.

Specific title of the training: Write specific title of the training. For example, under supportive care service, treatment of adherence can be mentioned here.

Name: Each participant should write his or her full name.

Male/Female: Each participant indicates his or her gender by placing a tick mark under the "Male" or "Female" column.

Address: Each participant writes his or her home location (province, district, and village). This information can be used to locate participants later.

Type of trainee: Each participant should mark the column that best describes his or her situation (i.e., "caregiver," "teacher," etc.). The headings for type of trainee should be adapted to fits each program's needs.

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Training Record Form (Form HBC_6)

For Local Adaptation

Province: _____ District:_____ Name of the facilitator: _____ Date of the training: _____

Topic of the training: 1) Clinical Care, 2) Psychological Care, 3) Spiritual Care, 4) Supportive Care, 5) Prevention Care, 6) Other (Specify)

Specific title of the training: _____

Name	Male	Female	Home Location of Trainees Province, District, Village	Type of trainee					Have you received a training on the same topic since ( )?	Did you receive any of the listed training since ( )?
				Caregiver	Teacher	Social Worker	Community Leader	Other (Secify)		
Total										

Comments and Remarks

Figure 35. Training Record Form (Form HBC_6).

Have you received a training on the same topic since ( )?: If a participant has already received a training on the same topic during the reporting period, he or she should write "Yes" in this space provided. Otherwise, the participant should leave this space blank. This is an important way to avoid double-counting individuals who already received a training on the same topic during the reporting period. Before training starts, the facilitator provides the date within the space indicated, the date corresponding to the beginning of the current reporting period.

Did you receive any of the listed training since ( )?: If a participant has already received any of the listed training since the beginning of this reporting period, he or she should write "Yes" in this space provided, otherwise he or she should leave this space blank. As with the previous column, the facilitator of the training provides the date corresponding to the beginning of the current reporting period. This is an important way to avoid double-counting individuals who have already received a training on a home-based care activity during the same reporting period.

Comments and Remarks: Use this space to note problems and issues encountered during the reporting period. This is an important channel of communication between frontline service providers and supervisors, allowing a more complete exchange of information.

Support Summary Form (Form HBC_7)

Purpose of the form: This form is designed to record and understand the extent to which a program remains in contact with individuals who are supported in order to provide care for patients. The form attempts to identify and to address issues faced by service providers in their service delivery environment. Support includes money or material assistance, as well as mentorship or supervision that assists service providers in carrying out their tasks. In this context, support does not include materials or supplies that are distributed to clients, such as school supplies, food, etc. This form should completed every time support is provided from the program to a service provider. This information allows the program to understand the amount of support necessary to assist service providers on daily basis, beyond official trainings or workshops.

Data sources: No data sources are used. This form is completed based on the type of support and services provided to the service provider.

Who prepares this form: A program officer or M&E officer at the program management level who provides support to service providers is the person who completes this form.

Below are instructions for completing specific items on the form (figure 36).

Name of the Provider: Write the name of the person who is providing support to service providers.

Province, District: Write the name of the province and district where the support provider is active.

Period From ____ To ____: Write the reporting period defined by each program.

Date: Write the date that the support was provided.

Name of Service Recipient: Write the full name of the service recipient (service provider) who received support from the program.

Type of Support Provided: Three subheadings are provided for listing types of support. Under "Material," examples could include a bicycle to visit clients and family members, bags, notebooks, pens to record information, etc. Write the specific material in this section and write the number of materials provided under the "(#)" column. For the remaining types of support, place a check mark in the appropriate box to indicate that type of support provided. For example, transportation fees would be a type of "Monetary" support that should be listed in this column. Examples of "Mentorship/Supervision" include a supervisory visit, on-the job training, or regular communication about work.

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Support Summary Form (Form HBC_7)

For Local Adapatation

Name of the Provider : _____ Province: _____ District: _____

Period From: _____ To: _____

Date	Name of Service Recipient	Type of Support Provided				Type of Service Provider				Signature
		Material	(#)	Monetary	Mentorship/ Supervision	Caregiver	Social Worker	Volunteer	Community Leader	
Total										

Comments and Remarks:

Figure 36. Support Summary Form (Form HBC_7).

Type of Service Provider: Place a check mark in the appropriate box to indicate the type of service provider who received support from the program.

Signature: If the support involved money or material, the service recipient needs to sign in this column. Doing so helps to ensure program accountability.

Comments and Remarks: Use this space to note problems or issues encountered during the reporting period. This is an important channel of communication between frontline service providers and supervisors, allowing a richer information exchange than from the numbers on the summary sheet alone.

Home-Based Care Enrollment Summary Sheet (Form HBC_8)

Purpose of the form: This form is designed to summarize the numbers of people living with HIV/AIDS during the reporting period who were newly enrolled, lost to follow up, or currently enrolled in the program. This information allows the program to balance service demand with resources available. One summary sheet is allocated for each service provider per reporting period for summarizing the enrollment status of the provider's catchment area.

Data sources: Sources for this form are the Home Based Care Enrollment Form (Form HBC_1)s, the Home-Based Care Provider Report (Form HBC_4)s, and the Home Based Care Enrollment Summary Sheet (Form HBC_8) completed for the previous reporting period.

Who prepares this form: The same person who prepares the enrollment form (HBC_1) should also prepare this form. Depending on the program, this person can be a service provider, program officer, or M&E officer at the program level.

Below are instructions for completing specific items on the form (figure 37).

Province, District: Write the name of the province and district where the person preparing this document is active.

Prepared By: Write the full name of the person completing this document.

Reporting Period: From ____ To ____: Write the reporting period defined by the program.

(1) Enrolled from the previous reporting period: Look at the summary sheet (HBC_8) from the previous reporting period and transfer the number of "(4) Currently enrolled patients," by age and gender, into this field on the summary sheet for the current reporting period. This is the number of patients carried over from the previous reporting period to the current reporting period. It is important to remember that this number is not a cumulative number of patients ever enrolled.

(2) Newly enrolled patients: Review all the Home-Based Care Enrollment Form (HBC_1)s that were filled out during this reporting period and look at the date of the enrollment. If the date is written under this section, count the enrollment forms and transfer the number into the summary sheet under the appropriate boxes for age and gender. Write total number of newly

enrolled patients in "total" column. This information will identify whether the program is expanding to reach new patients in the catchment area.

(3) Lost to follow up patients: Review the Home-Based Care Provider Report (Form HBC_4)s from this reporting period and transfer the number of HBC client lost to follow up (Section C: Lost to follow up date) during this reporting period to this field.

(4) Currently enrolled patients = (1)+(2)-(3): This is calculated by adding the number of "(1)

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Home-Based Care Enrollment Summary Sheet (Form HBC_8)

For Local Adaptation

Province: _____ District: _____

Prepared By: _____

Reporting Period: From _____ To _____

Age -->		<18	18-24	25-29	30+	Total
(1) Enrolled from the previous reporting period	Female					
	Male					
	Total					
(2) Newly enrolled patients	Female					
	Male					
	Total					
(3) Lost to follow up patients	Female					
	Male					
	Total					
(4) Currently enrolled patients = (1)+(2)-(3)	Female					
	Male					
	Total					
Comments and Remarks						

Signature of service provider: _____ **Date:** _____

Signature of supervisor: _____ **Date:** _____

Figure 37. Home-Based Care Enrollment Summary Sheet (Form HBC_8)

Enrolled from the previous reporting period" plus the number of "(2) Newly enrolled patients" during the current period, minus the number of "(3) Lost to follow up patients."

Comments and Remarks: Use this space to note problems and issues encountered during the reporting period. This is an important channel of communication between frontline service providers and supervisors, which allows a richer information exchange than from the numbers on the summary sheet alone.

Signature of Service Provider and Date: At the end of each reporting period, the service provider who completed this report must review its accuracy and completeness, then sign the document before submitting it to his or her supervisor. Write the date that the completed report was submitted.

Signature of Supervisor and Date: The supervisor of the service provider who received the report should review the accuracy and completeness of the report, then sign the document. Results of the report should be analyzed and discussed with the service provider. Write the date that the report was received by supervisor. A copy of this form be kept with the service provider.

Periodic Summary Report (Form HBC_9)

Purpose of the form: This reporting form is designed to consolidate information from other home-based care CLPIR forms and reports to provide a summary of what had happened during the reporting period. This report allows program managers to make evidence-based decisions, and it also fulfills the reporting needs of the program.

Data sources: In addition to information known by service providers and program managers, the following forms are used:

- Home-Based Care Enrollment Summary Sheet (Form HBC_1)
- Home-Based Care Provider Report (Form HBC_4)
- Training Record Form (Form HBC_6)
- Support Summary Form (Form HBC_7)

Who prepares this form: A program officer or M&E officer at the program management level is responsible for preparing this report.

Below are instructions for completing specific items on the first page of the form (figure 38).

Name of Organization: Write name of the organization or program.

Reporting period: Write the reporting period, as defined by your program.

Section A: List of Indicators: This section provides a summary of achievements by indicators. Using the other forms or information known by managers and providers, total numbers are entered for the reporting period according to gender and age ranges.

1) Number of patients enrolled for services: For this indicator, review the Home-Based Care Enrollment Summary Sheet (HBC_1)s collected from all the service providers and sum the number of "newly enrolled clients," then transfer the information into the appropriate age and gender boxes for the row listed as "new." Do the same for "Currently enrolled," reviewing the enrollment sheets from all the service providers. Both column and row totals are then calculated for this indicator.

2) Number of patients provided with home-based care and support services: For "2.1 By Age," Review the Home-Based Care Service Provider Report (HBC_4)s collected from all the service providers during this reporting period and sum the number of "A: Patient provided with service(s) by age and gender" and transfer the totals into appropriate age and gender boxes. (Note: Under PEPFAR, the total number of individuals receiving care and support is calculated by adding the number of OVC served by an OVC program and the total number of

Community-Level Program Information Reporting for HIV/AIDS Programs — Forms for HBC Programs

Periodic Summary Report (Form HBC_9)

For Local Adaptation

Name of Organization: _____ Reporting Period: _____

Section A: List of indicators

Indicator	Achieved						
1) Number of patients enrolled in a program	1.1) By Age						
			<18	18-24	25-29	30+	Total
	New	M					
		F					
		Total					
	Currently Enrolled	M					
		F					
		Total					
2) Number of patients provided with home based care and support services	2.1) By Age						
		<18	18-24	25-29	30+	Total	
	M						
	F						
	Total						
	2.2) By Type of Services (***A patient can receive support in more than one area)						
		Clinical Care	Psychological Care	Spiritual Care	Supportive Care	Prevention Care	Other (Specify)
	M						
	F						
	Total						
3) Number of patients provided with ARV adherence support	3.1) By Type of ARV support (***A patient can receive support in more than one area)						
		Client Education	Pill Count	Pre-ART Counseling	Buddy Support	Other (Specify)	
	M						
	F						
	Total						
4) Number of patients lost to follow up	4.1) By Reason						
		Dropped out	Migrated	Dead	Unknown	Other (Specify)	Total
	M						
	F						
	Total						
5) Number of patients referred for other services by type of service	5.1) By Service (***A patient can be referred to services in more than one area)						
		TB	ART	Opotunistic Infection	STI	Other (Specify)	
	M						
	F						
	Total						
6) Number of patients visited at least once in the given period.							
7) Number of individuals trained to provide care for HBC clients	7.1) Number trained						
	7.2) By Type of Training (***An individual can be trained in more than one area)						
		Clinical Care	Psychological Care	Spiritual Care	Supportive Care	Prevention Care	Other (Specify)
	M						
	F						

Figure 38. Periodic Summary Report (Form HBC_9), first page.

individuals receiving home-based care services. If a program provides both OVC services and home-based care services in the same geographical area, it is important not to double-count those OVC receiving care and support through both OVC and HBC programs. Avoid double-counting by reporting "Number of patients (above 18 years old) received HBC service" and "Number of OVC (younger than 18 years old) served by OVC program."

For "2.2) By Type of Services," sum the number of "B: Type of service provided to patient" from the HBC_4 reports and transfer the information under the appropriate type of service by gender.

Since the same patient can receive support in more than one service area, it is important NOT to sum the number of clients across different service types.

3) Number of patients provided with ARV adherence support: Review the Home Based Care Provider Report (Form HBC_4)s collected from all the service providers during this reporting period and sum the number of "B: Type of service provided to client: ARV Adherence," then enter the information under appropriate types of service, by gender. Since the same patient can receive support in more than one service area, it is important NOT to sum the number of patient across different service types.

4) Number of patients lost to follow up: Review the provider reports (HBC_4s) and look at "Reason for Leaving." Transfer the total number of clients lost to follow up by reason and by gender.

5) Number of clients referred for other services by type of service: Continuing to use the provider reports (HBC_4s), sum the number of "referrals" under "B: Type of service provided to client," and transfer the information into appropriate age and gender boxes on the summary report. Both column and row totals are then calculated and entered. Since the same patient can receive referral service in more than one service area, it is important NOT to sum the number of patients across different service types.

6) Number of patients visited at least once in the given period: Using the provider reports (HBC_4s), sum "B: Type of support provided to patient: Follow-up visit," and transfer this information into the summary report.

7) Number of individuals trained to provide care to HBC clients: Review the Training Record Form (HBC_6)s collected from all the service providers during the reporting period and look at the last column, "Did you receive any of the listed training since ( )?" Count only those participants who have not received any training since the beginning of the reporting period, and transfer the information to the HBC_9 form where indicated, "7.1 Number trained." This information is the number of providers or caregivers trained during this reporting period (without double-counting individuals trained in more than one training topic).

For "7.2) By Type of Training," look at the column "Have you received a training on the same topic since ( )?" in the training (HBC_6) forms. Count only those participants who have not received a training on the same topic since the beginning of the reporting period, and

transfer the information to the appropriate topic and gender boxes. Both column and row totals must then be calculated and entered. This gives the number of providers and caregivers trained in specific topic during this reporting period (without double-counting the same individuals within the same topic). Since the same individual can be trained in more than one topic, it is important NOT to sum the number of trained individuals across different topics.

Figure 39 shows the second page of the summary report, where the remaining indicator achievements are recorded, along with a narrative section and approval signatures.

8) Number of individuals supported to provide care to HBC Clients: For "8.1) By Type of support," review the Support Summary Form (Form HBC_7)s collected from all the service providers during this reporting period and count the number of individuals who received support from the program, by type of support. Transfer this information into corresponding

Indicator	Achieved					
8) Number of individuals supported to provide care for HBC Clients	8.1) By Type of support (***An individual can receive support in more than one area)					
		Material	Monetary	Mentorship/Supervision	Other (Specify)	
	Number of individual					
9) Number of trained providers who have stopped their involvement with the program	9.1) By Type of provider					
		Paid		Unpaid		Total
	Number of providers					
10) Number of community mobilization meetings held	10.1) Type of meeting					
		Community	Leader	School	Other (Specify)	Total
	Number of meetings					
11) Number of community leaders supported to provide care to HBC clients	11.1) By Type of leaders					
		Religious	Community	Political	Other (Specify)	Total
	Number of leaders					
12) Number of providers with stock out of essnetial supply	12.1) By Type of supply					
		HBC Kit	HIV Testing Kit	Drugs	IEC Materials	Other (Specify)
	Number of stock outs					
13) Any other indicators identified by program						
14) Any other indicators identified by program						

Section B: Narrative

1) Major issues raised

2) Achievements and success stories

3) Challenges and lessons learned

4) Recommendations

Section C: Submission

Date of submission: _____ **Prepared by:** _____ **Signature:** _____

Figure 39. Periodic Summary Report (Form HBC_9), second page.

boxes in the summary report. Since the same individual can be supported in more than one support area, it is important NOT to sum the number of individual across different types of support.

9) Number of trained providers who have stopped their involvement with the program: None of the CLPIR data collection forms collects this information. For "9.1) By Type of provider," program managers or supervisors can provide this information based on program records and their working knowledge of providers who are supported through the program.

10) Number of community mobilization meetings held: There are no specific forms designed to collect this information. For "10.1) By type of meeting," the training forms (HBC_ 6s) can help in gathering this information. Facilitators of the meetings could be asked to report total number of meetings held, and type of participants who came to these meetings.

11) Number of community leaders supported to provide care to HBC clients: For "11.1) By Type of leader," review the support summary forms (HBC_7)s for "B: Type of Provider." Count the number of community leaders who received support from the program during this reporting period.

12) Number of providers with stock out of essential supply: For "12.1) By Type of supply," review the Home Based Care Provider Report (HBC_4)s under "D: Stock Out of Essential Supplies." Aggregate and transfer the numbers from these forms to corresponding columns in this section of the summary report.

13) and 14) Any other indicators identified by program: These lines can be used to add other indicators identified by the program.

Section B: Narrative: This portion of the report provides space to elaborate upon major issues, achievements, challenges, and recommendations.

1) Major issues raised: Use this space to note any issues encountered during the reporting period. This is an important channel of communication between frontline service providers and the program officers of the organization.

2) Achievements and success stories: Use this space to note any achievements and success stories that cannot be captured through quantitative information. Qualitative information brings more insight into the quantitative information captured through the rest of the report.

3) Challenges and lessons learned: Use this space to note any challenges and lessons learned during the reporting period. These challenges and lessons can be shared within an organization to organizational capacity.

4) Recommendations: Recommenations can be an important channel of communication between frontline service providers and supervisors, allowing a richer information exchange than from the numbers on the summary sheet alone.

Section C: Submission: Complete the report by giving the "Date of submission" of the report, the full name of the person preparing the report ("Prepared by"), and by signing the report ("Signature").

Indicator Reference Sheets for HBC Programs

The following are reference sheets for the 12 illustrative indicators for home-based care programs, listed in table 2, pages 52-54. For each indicator, the following details are provided:

- **Disaggregations:** Each indicator can be further disaggregated by data elements such as age, gender, type of program, etc. The most meaningful types of disaggregation, as well as some examples, are provided.
- **Rationale:** The rationale for choosing each indicator is described here.
- **Definitions:** Detailed definitions for each indicator are provided.
- **Unit of measurement**
- **Data sources:** This section describes the data collection forms (from the previous section) that are used to collect each indicator.
- **Known data limitations and significance:** Data limitations for each indicator are provided so that the user is fully aware of the advantagse, as well as the limitations, associated with the indicator.
- **Example of data use:** Practical examples of data use are provided for each indicator. Through these examples, ways to transform data into information, and the way to link the indicator and service provision, are demonstrated.

Indicator 1. Number of Patients Enrolled in a Program

Disaggregations: Age, gender, newly enrolled or currently enrolled, functional status (e.g., working, ambulatory, bedridden).

Rationale: This indicator measures the number of people living with HIV/AIDS who are identified and registered into the program, and are expected to receive services from the program. This indicator helps the program to calculate the proportion of patients enrolled in the program within a target population. This indicator allows a program to balance service demand with resources available.

Definitions:

Ambulatory This refers to a patient's functional status, defined as being able to walk, with or without assistance. It refers to a person who is not confined to a bed or wheelchair.

Bedridden This refers to a patient's functional status, defined as being confined to a bed because of illness or infirmity.

Currently enrolled People living with HIV/AIDS who are either enrolled from the past reporting

periods or are newly enrolled during this reporting period are "currently" enrolled. This number does not include patients who dropped out during this reporting period.

Enrolled This is defined as people living with HIV/AIDS who are qualified to receive services from the program, registered through initial registration process and expecting to receive or already receiving services from the program. This number is not a cumulative number of ever-enrolled patients in the program and does not include those patients who dropped out from the program in the past. Furthermore, enrolled for services do not necessary mean patients are currently or regularly receiving service from the program.

Newly enrolled This is defined as a person living with HIV/AIDS who is admitted to the program for the first time during the reporting period.

Patients This refers to people living with HIV/AIDS.

Program This is defined as an organized set of activities to provide variety of services to support and respond to the needs of HBC clients (people living with HIV/AIDS and family members). An organization defines its own programs.

Reporting period This peroid is defined by each program.

Working This is a patient's functional status, defined as being able to work without any difficulties.

Unit of measurement: Number of clients enrolled for service is the unit of measure.

Data Source: Home-Based Care Enrollment Form (Form HBC_1).

Known data limitations and significance: This indicator does not measure whether the services are actually provided to a patient, nor frequency of services provided to a patient.

Examples of how indicator 1 might be used:

How many people living with HIV/AIDS are currently enrolled in my program? If there is any target, are we achieving our target of this reporting period? Comparing from the previous reporting periods, are we expanding our program by reaching new patients? Are we successful keeping the same patients in the program from the previous reporting period? Do we see any trend over time?

How is the target population of my program defined by individual characteristics (e.g., age, gender)? What are the characteristic of these patients currently enrolled in our program (age, gender)? Are we successful for keeping the gender balance?

Figure 40 shows how data collected can be used to analyze some of the example questions.

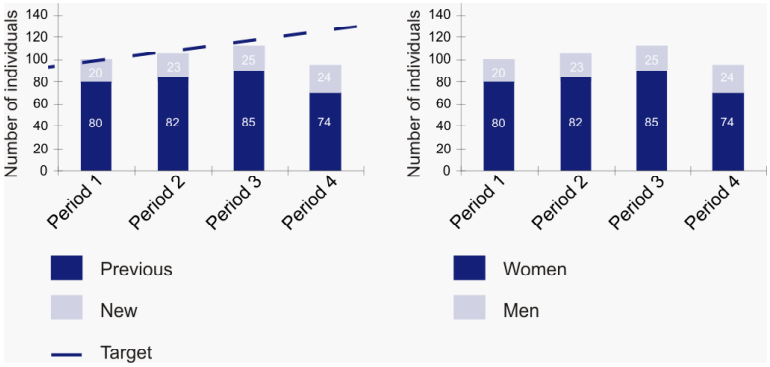


Figure 40. Bar chart at left shows how many people are enrolled by reporting period and project's goal, while chart at right shows enrollment by gender.

How many people living with HIV/AIDS are in my catchment area? Among those, what is the proportion of patients enrolled in our program? How many clients have we reached so far and how many more do we need to reach? Do we have a plan and specific target for each reporting period to achieve the goal?

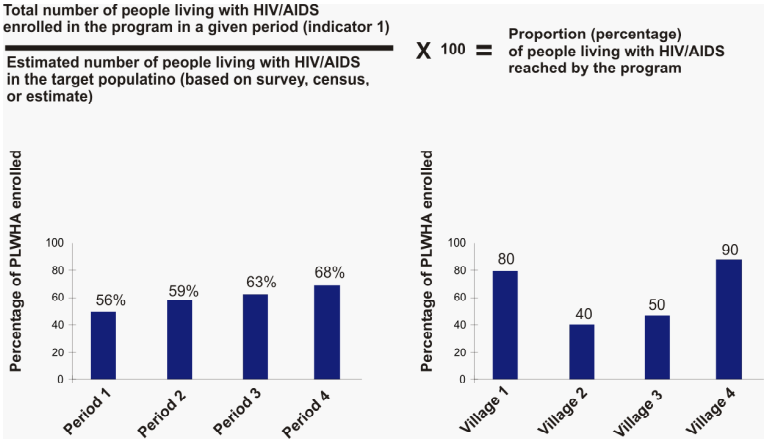


Figure 41. Examples of evaluating the percentages of PLWHA reached by a program.

Figure 41 provides a formula for determining the proportion of PLWHA (top), and shows a program's percentage of PLWHA enrolled by reporting periods (left) and by villages served (right).

Indicator 2. Number of Patients Provided with Home-Based Care Services

Disaggregations: Age, gender, and type of service (e.g., clinical, psychological, spiritual, supportive care and preventive care).

Rationale: This indicator measures the number of patients who received specific types of services offered through a program to ensure that appropriate services are available to HBC clients. This is a partial measure of demand met by the program.

In order to be counted in this indicator, a patient must receive at least one service from the program. The extent to which a patient receives services in order to count in this indicator is to be determined by each program. If a patient receives the same type of service multiple times during a reporting period, a patient can be counted only once under each type of service. Programs should not double-count individuals within a program area. An individual can be counted in each separate program area, such as patients who may be served by an OVC program and ART facility.

Definitions:

Patients This refers to a people living with HIV/AIDS.

HBC services This is defined as clinical care, psychological care, spiritual care, supportive care, or prevention care.

Unit of measurement: Number of patients provided with HBC services is the unit of measure.

Data source: Home-Based Care Provider Report (Form HBC_4).

Known data limitations and significance:

- This indicator does not capture the quality of the services. (Such an indicator would require more in-depth evaluation efforts, such as a survey.)
- This indicator does not capture whether a service is matching the needs of the patient.
- The impact of services on the clients is not captured through a routine program indicator.
- Total number of patients who received home-based care services cannot be generated from this indicator. This is because the same patients can receive multiple services during the same reporting period and there is a possibility of double-counting.
- The impact of services on patients served is not captured through routine program indicators.

Examples of how indicator 2 might be used:

What is the estimated number of people living with HIV/AIDS in my catchment area? What proportion of these patients was served by my program in this reporting period? Do we have a clear plan and specific target for each reporting period to achieve the overall program goal?

Among all the patients enrolled in my program, how many and what proportion of the patients were served through my program in this reporting period?

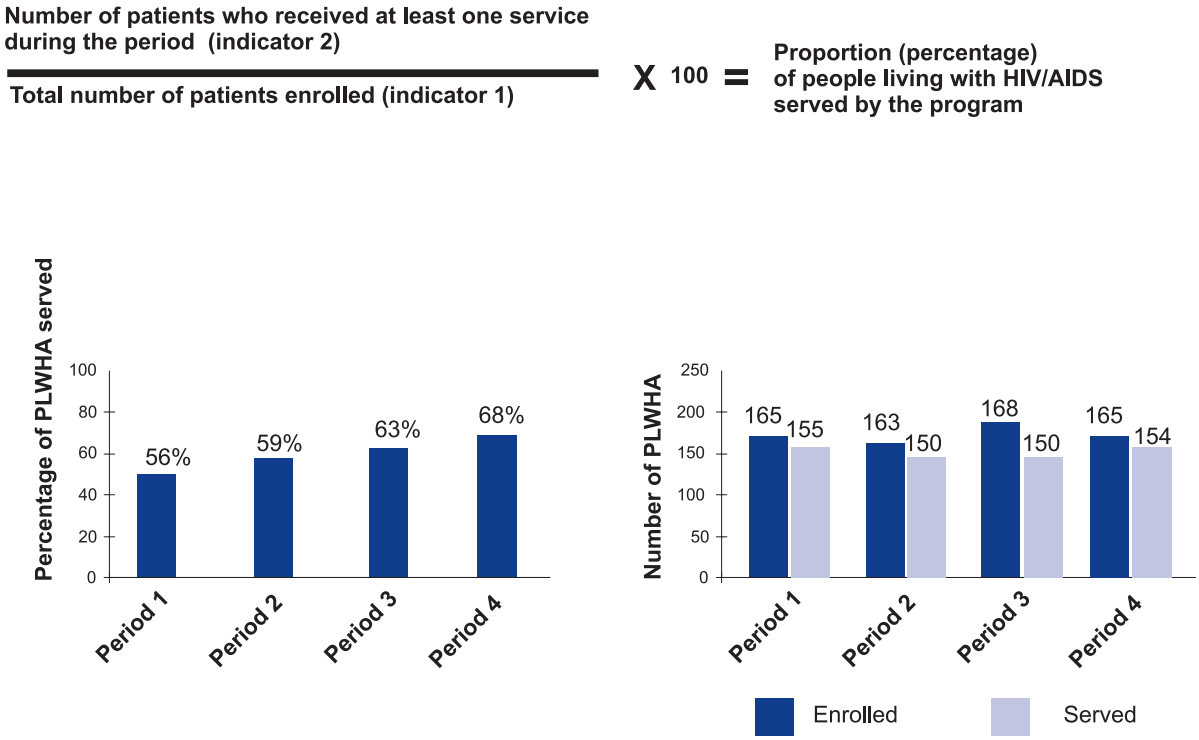


Figure 42. Formula for determining percentage of PLWHA served is at top; a program's percentage of PLWHA served by period is indicated by chart at left; and the number of PLWHA enrolled compared with the number served, by period, is at right.

Figure 42 illustrates how to determine the proportion of patients served in the catchment area, the percentages served by reporting period, and the numbers served compared with those enrolled, by period. Also shown is a formula for determining the proporton served.

How many patients received a specific type of services? Is there a difference in performance by type of service provided to patients? Discuss possible reasons and solutions.

Figure 43 compares specific types of services over two reporting periods with total enrollment, allowing program managers to evaluate performance changes.

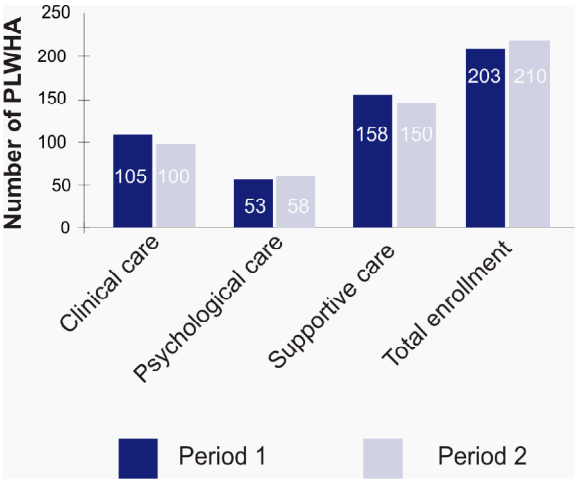


Figure 43. Number of PLWHA served by different services, compared with enrollment, over two periods.

Indicator 3. Number of Patients Provided with ARV Adherence Support

Disaggregations: Gender and type of support (e.g., pill count, counseling, buddy support).

Rationale: Number of ARV patients is a key aspect of the linkage between facility-based service and non-facility based services to provide continuous care and support to people living with HIV/AIDS, and to ensure the linkage between health facilities and home-based care.

Definitions:

ARV adherence support This support can be formal or informal. Interventions after starting ART should also be individualized to the patient and include on-going education about the importance of medication adherence and consequences of non-adherence; social support; use of reminders to take medications; continuous reinforcement of adherence.

Unit of measurement: Number of patients provided with ARV adherence support is the unit of measure.

Data source: Home-Based Care Provider Report (Form HBC_4).

Known data limitations and significance:

- This indicator does not measure the quality of service.
- This indicator does not measure whether a patient is actually taking the ARV drugs, nor does it measure whether a patient is taking drugs on time.
- Since the number of patients taking ARV drugs is missing, the indicator does not show the proportion of patients receiving support on ARV adherence.

Example of how indicator 3 might be used:

How many patients are receiving support on ARV adherence? What types of ARV adherence support are provided to the patient? Compared with previous reporting periods, do we see change over time?

Figure 44 compares specific types of ARV adherence services by periods, showing changes over time.

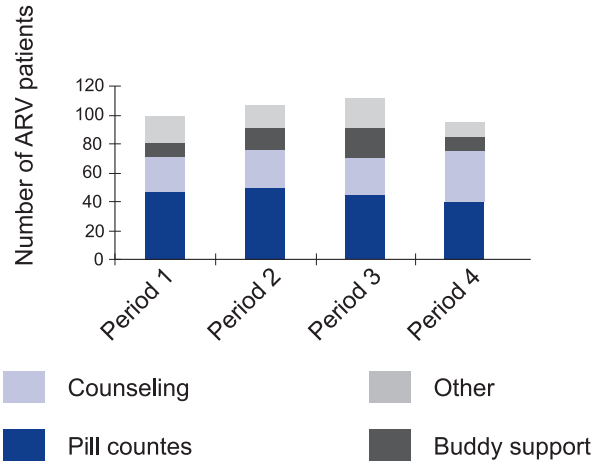


Figure 44. Number of ARV patients served, by period, by type of adherence support.

Indicator 4. Number of Patients Lost to Follow Up

Disaggregations: Gender and reason for lost to follow up (e.g., died, moved, decreased funding, unknown, other, etc.).

Rationale: This indicator is necessary to measure the drop-out rate of patients in a program. This is an indirect measure of quality of a program and to assess if there is a continuity of care for patients in a program. This indicator also helps a program to maintain an accurate number of patients enrolled.

Definitions:

Lost to follow up This is defined as a status in which a program no longer has a contact with a patient to provide continuous care and support, while services are available. Reasons for lost to follow up include those who dropped out, died or migrated, unknown, or other. The minimum period of contact

loss necessary to be declared "lost to follow up" should be defined by each program. The appropriate minimum period of contact loss will be influenced by the type of interventions, the recommended frequency of contact with the patient, and other program-specific factors.

Unit of measurement: Number of patients lost to follow up.

Data source: Home Based Care Provider Report (Form HBC_4).

Known data limitations and significance:

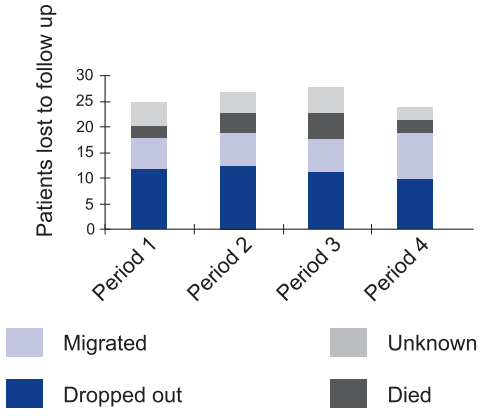
- Obtaining the reason for lost to follow up can be difficult and accuracy of the information is often unknown.
- There are multiple reasons contributing to the loss of follow up (in-depth study or survey is required).

Example of how indicator 4 might be used:

What was the drop-out rate of patients in our program during this reporting period? Compared with previous reporting periods, what kind of trend do we see?

What is the major reason for lost to follow up? What types of clients are leaving our program (age, gender)? Based on the information provided through this indicator, discuss possible solutions.

$$\frac{\text{Number of patients (drop out) + (unknown) in this reporting period (indicator 4)}}{\text{Total number of patients enrolled + number of patients lost to follow up in this reporting period (indicator 1)}} \times 100 = \text{Patient drop-out rate (percentage)}$$



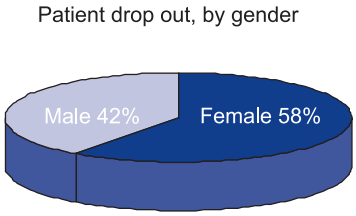


Figure 45. Formula for determining dropout rate; patients lost to follow up, by reason (left); and dropout rates by gender (right).

Indicator 5. Number of Patients Referred for Other Services

Disaggregations: Gender and type of referral service (e.g., HBC, ABY, ARV, voluntary counseling and testing).

Rationale: This indicator measures whether referral services are meeting the holistic needs of individuals and whether different programs in a community are coordinated.

Definitions:

Referral This is defined as the process of sending a patient from one service delivery point to another, to meet the comprehensive needs of the patient. Referring a patient does not necessarily mean service is provided to a patient at the referred site.

Other service This is defined as any type of prevention/care/treatment service related to HIV/AIDS, reproductive health, or social services that are not provided through your own program. Since the same individuals can be referred for multiple services, it is important NOT to sum the number of individuals across different type of referral services.

Unit of measurement: Number of patients referred for other services is the unit of measure.

Data source: Home-Based Care Provider Report (Form HBC_4).

Known data limitations and significance:

- This indicator does not capture whether the service is actually delivered to an individual at the place to which the individual is referred.
- This indicator is affected by the availability of services provided by other service providers in the community.
- This indicator does not capture the quality of services, nor does it measure the impact of services on the individual.
- There is a possibility of double-counting. If an individual is referred for more than one service or the same service for more than one time, one individual can be recorded multiple times during the same reporting period.

Examples of how indicator 5 might be used:

What are the kinds of services to which patients are being referred? Is there a higher demand for some services over others? Share this result and coordinate with other service providers to meet the holistic needs of individuals.

Figure 46 shows referrals by services.

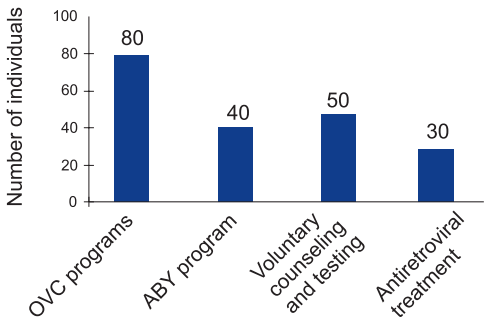


Figure 46. Patients referred, by service.

How do you know whether a patient received the service to which he or she was referred? What proportion of the patients received referral services?

The following formula is used to determine the proportion of patients who did receive services:

$$\frac{\text{Total number of individuals referred for other services (indicator 2)}}{\text{Total number of individuals who received services (Two-Way Referral Form [Form HBC_3])}} \times 100 = \text{Proportion (percentage) of patients receiving services}$$

This is an important way of ensuring that the holistic needs of individuals are met and different service providers active in the communities are coordinated to provide continuous care to patients.

Indicator 6. Number of Patients Visited at Least Once in a Given Period

Disaggregation: Type of service.

Rationale: Regardless of the needs of a patient, it is important to visit each patient regularly. By visiting patients, interacting with family members, and observing living conditions of the patients, service providers will be able to identify gaps and provide appropriate services. This indicator measures the extent to which a program is active in monitoring individual patient needs.

Definitions:

Patient This is defined as a person living with HIV/AIDS.

Period This is defined by each program according to its needs. A period could be once a month or once a regular reporting period. This period should be defined based upon the number of patients enrolled in the program and available staff.

Visited This is defined as face-to-face interaction between a staff member or volunteer with a patient, to monitor the conditions of patient, regardless of the place of the visit. The patient can be visited without receiving any specific services. However, if a home visit is made while the patient is absent, this is not counted as a "visit" under this indicator.

Unit of measurement: Number of patients visited at least once in a given period is the unit of measure.

Data source: Home Based Care Provider Report (Form HBC_4)

Known data limitations and significance:

- This indicator does not measure whether a service was provided to OVC during the visit.
- This indicator does not capture the type of observation that took place during the visit or whether appropriate action was taken after each observation.

- This indicator does not capture the outcome of the visit.

Examples of how indicator 6 might be used:

What percentage/number of patient have we visited at least once during this reporting period? Are we visiting all the patients regularly to ensure continuous care for patients?

The following formula is used to determine the proportion who did receive services:

$$\frac{\text{Total number of patients visited at least once in a given period (indicator 6)}}{\text{Total number of patients enrolled in the given period (indicator 1)}} \times 100 = \text{Proportion (percentage) of patients visited at least once}$$

What are the relationships among the number of patients enrolled in the program, number of patients visited at least once, number of patients who received one or two services, and number of patients who received at least three services? What are the missing pieces of information? Discuss possible reasons and solutions.

Figure 47 shows an example of comparing the number of enrolled patients with the number visited, and the number served.

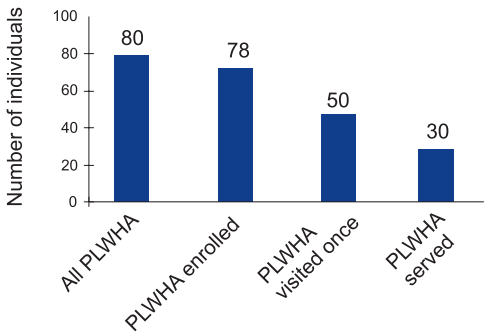


Figure 47. Patients enrolled, visited, and served.

Indicator 7. Number of Individuals Trained to Provide Care to Home-Based Care Clients

Disaggregations: Gender and type of training (e.g., counseling, palliative care, community mobilization, others).

Rationale: This indicator measures the availability of trained staff to provide care to HBC clients. It also measures the organization's contribution to the community's capacity to respond to the needs of patients. The ratio between patients and trained individuals can also be calculated.

Definitions:

HBC clients Clients include both people living with HIV/AIDS and their family members.

Individual This is anyone who ensures care for HBC clients, including those who provide, make referrals to, or oversee social services.

Training This refers to new training or retraining of individuals that took place during the reporting period (it is not a cumulative number of ever-trained individuals). Training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills, or competencies to be gained by participants. Only participants who complete the full training course should be counted. If a training course covers more than one prevention topic, individuals should only be counted once for that training course. If a training course is conducted in more than one session or training event, only individuals who complete the full course should be counted.

Unit of measurement: Number of individuals trained to provide care to HBC clients is the unit of measure.

Data source: Training Record Form (Form HBC_6).

Known data limitations and significance:

- This indicator does not capture the quality of the training, nor does it measure the outcomes of the training in terms of the competencies of individuals trained or their job performance.
- This indicator does not capture whether trained individuals actually promote the prevention of HIV/AIDS transmission.
- This indicator does not measure the distribution of trained individuals to promote HIV/AIDS prevention.
- This indicator does not measure the duration of training being counted, or whether the individuals counted as trained in the current period have been counted in a previous period as trained.

Examples of how indicator 7 might be used:

How many individuals have we trained by topic? Is there any balance in the number of trained staff across different topics?

Where are the trained individuals located? Are we making sure that trained individuals are distributed according to the needs?

Figure 48 shows examples of reporting data being used to address some of the example questions.

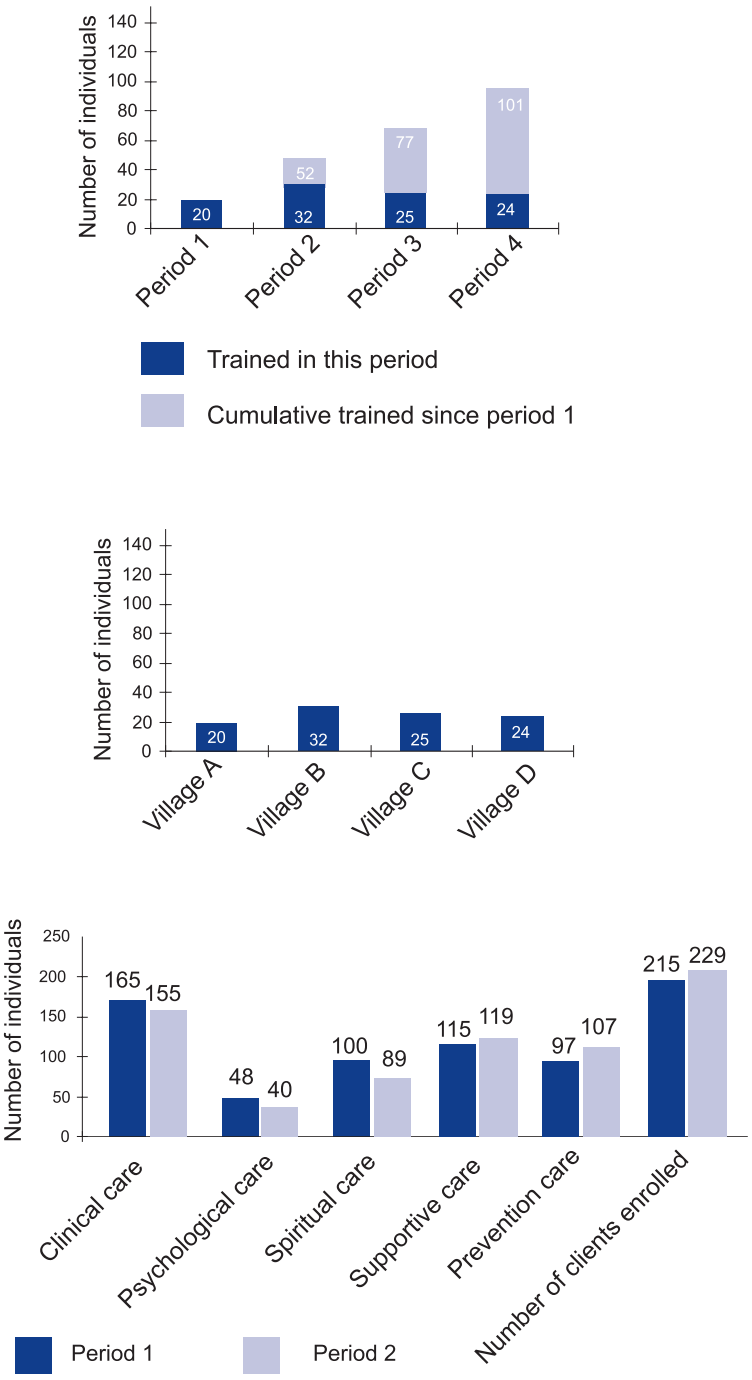


Figure 48. Total trained by period and cumulative (top); trained by village (center); and training by topic, over two periods.

Indicator 8. Number of Individuals Supported to Provide Care to HBC Clients

Disaggregations: Type of provider, type of support (e.g., transport, allowance, mentorship), and paid status.

Rationale: This indicator reflects the extent to which an organization remains in contact with its service providers and attempts to identify and address problems service providers face during their day-to-day activities. This information allows program managers to understand the amount of support necessary to assist service providers on a daily basis, beyond training or workshops. It also measures an organization's contribution to a community's capacity to serve home-based care clients.

Definitions:

HBC client This refers to people living with HIV/AIDS and their family members.

Individual This refers to anyone who ensures care for people living with HIV/AIDS or their family members, including those who provide, make referrals to, or oversee social services. This may include caregivers, guardians, extended family, neighbors, community leaders, police officers, social workers, and social welfare ministry staff (national, district, or local), as well as health care workers, teachers, and community workers who receive training on how to address the needs of people living with HIV/AIDS.

Support This refers to any kind of assistance given by the program in response to the needs of individuals providing care to patient in their service delivery environment, such as material, monetary, mentorship support, or training. (Since the same individual can be supported by multiple types of services during the same reporting period, it is important NOT to sum the number of individuals across different type of support services.)

Unit of measurement: Number of individuals supported to provide care to clients is the unit of measure.

Data source: Support Summary Form (Form HBC_7).

Known data limitations and significance:

- This indicator does not capture details about the quality of the support provided, nor does it measure the outcomes of the support.
- There is a possibility of double-counting. If an individual receives the same type of support more than once, one individual can be recorded multiple times during a reporting period.
- This indicator does not measure whether appropriate support is provided to an individual.

- This indicator does not capture whether supported individuals actually provide care to home-based care clients.
- Some support services require more extensive effort than others. Consequently, comparing all support as being equal in terms of effort could result in misleading conclusions.

Examples of how indicator 8 might be used:

Is our program providing continuous support to home-base care providers to ensure quality and a sustainable program? For example, how many home-based care providers received supervisory visits during this reporting period?

What kind of support are we providing to home-based care providers? What level of resources do we need to support home-based care providers to carry out HBC activities?

Who are we supporting? Are we making sure that the different types of service providers are supported by the program?

Figure 49 shows number of providers, by period (left); type of support to providers (top right); and type of providers who received support (bottom right).

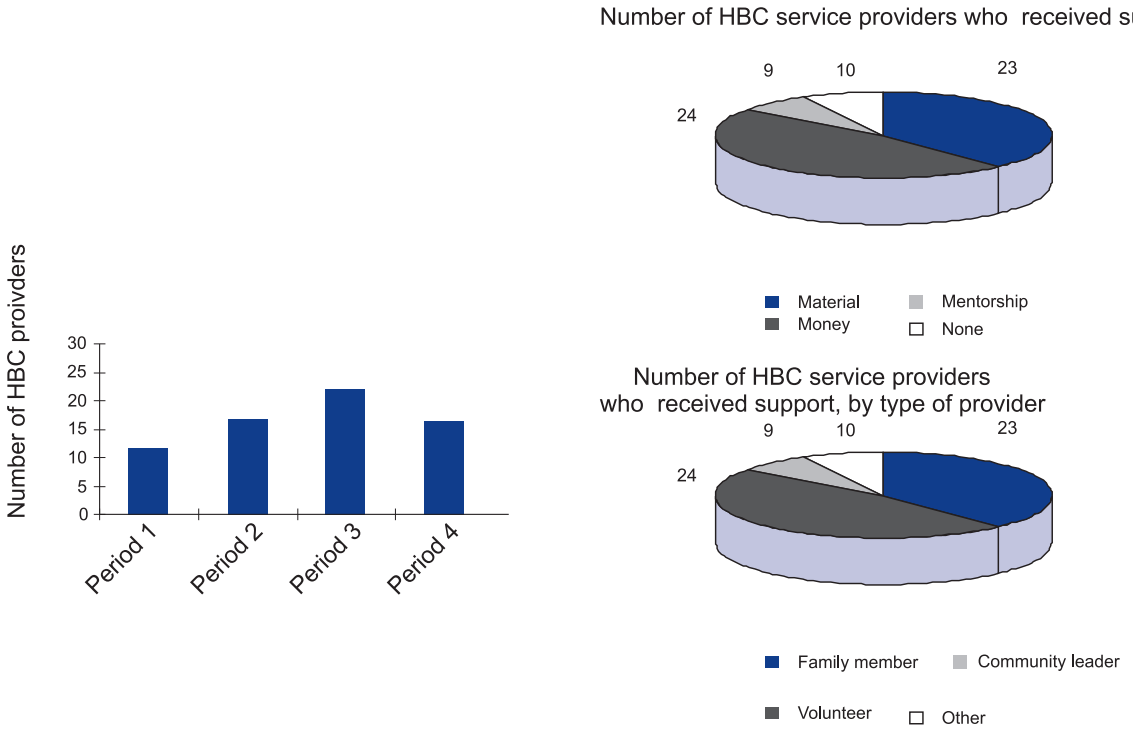


Figure 49. Total providers, type of support received, and type of providers who received support.

Indicator 9. Number of Trained Home-Based Care Service Providers Who Have Stopped Their Involvement with the Program

Disaggregations: Type of provider, type of support, and reason of discontinued involvement (e.g., dropped out, fired, moved, died).

Rationale: This indicator is intended to capture the staff drop-out rate. The staff drop-out rate can be an indirect measure of quality and sustainability of a program. This indicator also allows the program to maintain an accurate number of trained HBC service providers.

Definitions:

Period The minimum period of contact loss necessary to declare that a provider has stopped his or her involvement should be defined by each program.

Program This is defined as an organized set of activities to provide variety of services to support and respond to the needs of HBC clients. Each program should define its own program.

Trained A trained HBC service provider refers to any individual who received new training or retraining on home-based care activities from the program. Training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills, or competencies to be gained by participants.

Unit of measurement: Number of providers who have stopped their involvement with the program is the unit of measure.

Data source: Periodic Summary Report (Form HBC_9).

Known data limitations and significance:

- Obtaining the reason for discontinuation can be difficult and the accuracy of the information is unknown.
- It is difficult to define "stopped involvement" when there are a variety of HBC provider positions with different degrees of involvement in the program.

Examples of how indicator 9 might be used:

What is the staff retention rate of my program? Do we have enough staff to provide services to people living with HIV/AIDS?

The following formula is used to determin the proportion who discontinue their involvement:

$$\frac{\text{Total number of individuals who stopped their involvement (indicator 9)}}{\text{Total number of individuals trained and registered as HBC service providers}} \times 100 = \text{Proportion (percentage) of providers who stopped their involvement}$$

What are the reasons for leaving the program? What types of behavioral change promoters are leaving the program?

Figure 50 illustrates reasons for discontinuing involvement.

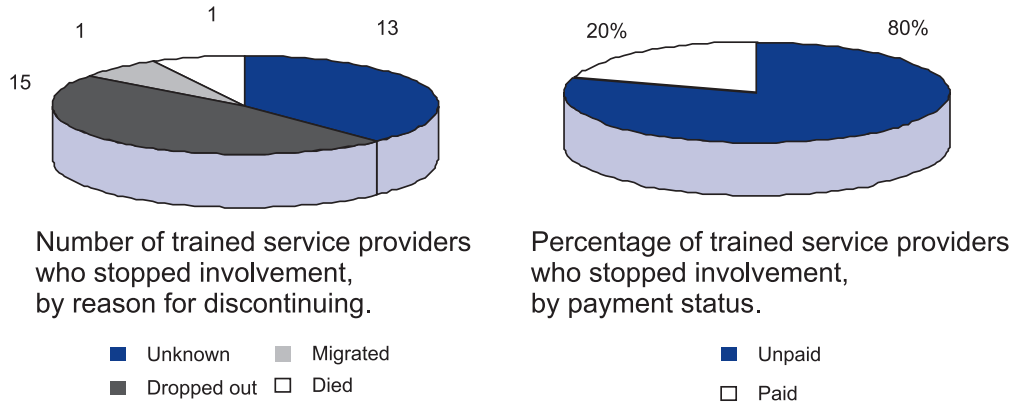


Figure 50. Reasons for discontinuing involvement (left) and paid or unpaid status among those who discontinued (right).

Indicator 10. Number of Community Mobilization Meetings Held

Disaggregation: Type of meeting.

Rationale: This indicator is intended to measure the organization's contribution to community mobilization in support of HBC clients. The involvement of others in the community can be an indirect measure of quality and sustainability of a program.

Definition:

Community mobilization meeting This is defined as any meeting that involves local institutions, local leaders, community groups, or members of the community to organize for collective action to support HBC clients within the community. Community mobilization is characterized by respect for the community and its needs.

Unit of measurement: Number of community mobilization meetings held is the unit of measure.

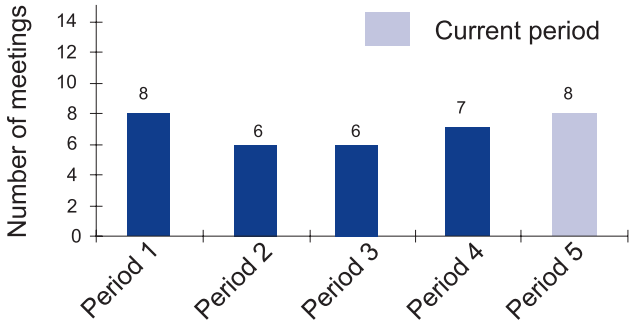
Data source: Periodic Summary Report (Form HBC_9).

Known data limitations and significance:

- This indicator does not capture the quality of the meeting, nor does it measure the outcomes of the meeting.
- This indicator does not capture how many resources are mobilized as a result of these meetings.

Examples of how indicator 10 might be used:

Are we successfully mobilizing and involving the community in our program? For example, how many community meetings have been conducted during this reporting period?



What types of meetings have been conducted?

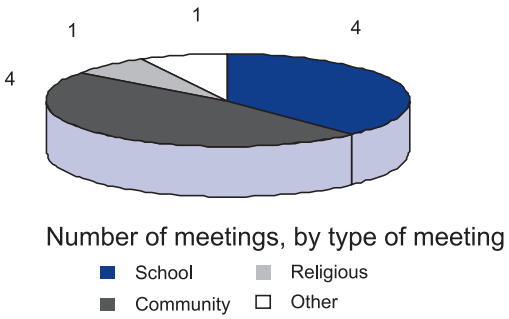


Figure 51 shows the number of meetings held during the current and previous reporting periods (top) and the number and type of meetings during a period.

Figure 51. Number and type of meetings.

Indicator 11. Number of Community Leaders Supported to Provide Care to Home-Based Care Clients

Disaggregations: Type of leader (e.g., religious, community, political); and trained, attended an outreach activity, or supported through program.

Rationale: This indicator is intended to capture an organization's contribution to community awareness and education. The involvement of community leaders can be an indirect measure of quality and sustainability of the program.

Definitions:

Community leader This includes political, religious, and administrative leaders active in the community.

HBC client This includes people living with HIV/AIDS and their family members.

Support This refers to any kind of assistance given by the program in response to the needs of behavioral change promoters in order to conduct outreach activities, such as material, monetary or mentorship support.

Unit of measurement: Number of community leaders supported to provide care to home-based care clients is the unit of measure.

Data source: Support Summary Form (Form HBC_7).

Known data limitations and significance:

- This indicator does not capture quality of the support provided, nor does it measure the outcomes of the support.
- There is a possibility of double-counting. If a community leader receives the same type of support more than once, one individual could be recorded multiple times during a reporting period.
- This indicator does not measure whether appropriate support is provided to a community leader.
- Some kinds of support require more extensive efforts than others. Treating all the support equally might result in misleading conclusions.

Example of how indicator 11 might be used:

Is our program involving community leaders, religious leaders, and political leaders to promote behavioral change to prevent HIV transmission? How many community leaders are supported by our program? Do we see a trend over time?

Figure 52 shows a breakdown of leaders promoting behavioral change, by reporting period and type of leader.

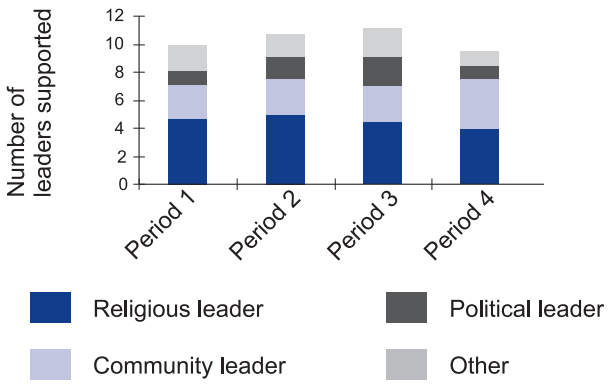


Figure 52. Community leaders promoting behavioral change.

Indicator 12. Number of Service Providers with Stock-Outs of Essential Supplies

Disaggregation: Type of essential supply (e.g., HBC kits, HIV testing kits, drugs).

Rationale: This indicator measures the availability of essential supplies.

Definition:

Stock-out A stock-out of an essential supply refers to when the supply item (such an an essential drug for HBC clients) is no longer in stock or there is a critical supply shortage of the item. Each program should identify the list of essential supplies.

Unit of measurement: Number of stock-outs or critical incidents is the unit of measure.

Data Source: Home Based Care Provider Report (Form HBC_4).

Known data limitations and significance: This indicator does not measure the number of people who receive supplies.

Examples of how indicator 10 might be used:

What proportion of service providers who submitted their Home Based Care Provider Report (Form HBC_4) were out-of-stock for an essential supply? What kind of supplies were out-of-stock?

Figure 53 shows a breakdown of out-of-stock supplies. For example, 20 percent of the providers did not have any HBC kits (four of the 20 providers).

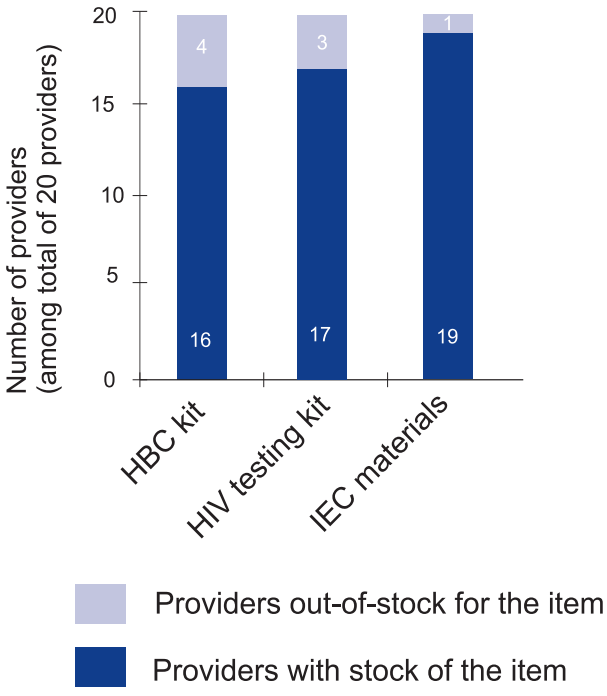


Figure 53. Available stock and out-of-stock items among 20 providers.

CLPIR Tools: OVC Programs

Suggested Indicators, Forms and Reports, Instructions, Indicator Reference Sheets

Community-Level Program Information Reporting for HIV/AIDS Programs — Module 1

Introduction

This section of the module is specially designed for the stakeholders involved in orphans and vulnerable children activities, and the content of the document is focused on the OVC aspect of HIV/AIDS programs at the community level. This section of the module is divided into these sections:

- illustrative program indicators (table 3);
- overview of data collection tools and reports;
- guide to using the data collection forms and reports; and
- indicator reference sheets.

Selected indicators related to OVC activities are presented first, followed by sample data collection tools used to generate these indicators. Then, a user guide provides step-by-step instructions on how to complete each of these data collection forms. Finally, indicator reference sheets define each of these indicators, and describe the rationales and data limitations. Illustrated examples of how these collected indicators can be used to monitor program performance are provided. The examples demonstrate ways to transform the data into information, and the way to link indicators with daily work.

Although each of these four sections can be treated as an individual topic, reading the material for all four, and in the order presented, is recommended.

It is important to define programs involving orphans and vulnerable children. According to PEPFAR, OVC are any children 17 years of age or younger who are either orphaned or made more vulnerable because of HIV/AIDS.*

An "orphan" is a child who has lost one or both parents to HIV/AIDS. A child is "vulnerable" if any of the following applies to the child as a result of HIV/AIDS:

- the child is HIV-positive;
- he or she lives without adequate adult support (e.g., in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, or a household headed by a child);
- he or she lives outside of family care (e.g., in residential care or on the streets); or
- the child is marginalized, stigmatized, or discriminated against.

Six core services for OVC programs are defined by PEPFAR as follow:

- Food and nutrition services are those that have the desired outcome of a child receiving enough food to ensure adequate nutrition for growth and development,

* The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Office of the Global AIDS Coordiantor. *Orphans and Other Vulnerable Children Programming Guidance for United States Government In-Country Staff and Implementing Partners*. Washington: PEPFAR; 2006. Accessed April 2010 at http://www.pepfar.gov/documents/organization/83298.pdf.

and for an active and productive life. Services can include cost-shared feeding programs within schools, after-care programs, etc.; nutritional assessments and counseling; community gardens; and therapeutic and supplementary feeding of malnourished children. Services do not include broad-based food assistance and food security programs that serve the general population.

- Shelter and care services are those that have the desired outcome of a child having adequate shelter and supervision, such that the way the child lives is similar to others in the household and community. Services can include provision of material goods to maintain or build shelter; strengthening family-based care models for children, including transitioning from institutional care to a family-setting; and provisions of bedding, cookware, and household necessities. Services do not include funding to establish new residential institutions.
- Protection services are those that have the desired outcome that a child is safe from any abuse, neglect, stigma, discrimination, or exploitation. Services can include facilitating birth registration and identification documents; preventing children from being abused or exploited, and removing children from such situations; supporting child-headed households; and facilitating access to child grants, insurance, and inheritance claims.
- Health care services are those that have the desired outcome of a child having access to the health services the she or he needs, including preventative and treatment health care. Services can include referrals and linkages to child health care, including appropriate ART, growth monitoring, immunization, malaria prevention, sanitation and clean water, and personal hygiene; and age-appropriate prevention activities. Services do not include purchase of vaccines (or bulk formulation for vaccines) for immunization programs for the general population; or contraceptives.
- Psychosocial services are those that have the desired outcome of a child having the human attachments necessary for normal development, and being able to participate cooperatively in home and community activities. Services can include gender-sensitive life skills; improving social links among children affected by HIV/AIDS in communities; referral to counseling, where available and appropriate, including counseling for anxiety, grief, or trauma; and recreational activities.
- Education and vocational training services are those that have the desired outcome of a child receiving educational and vocational opportunities in accord with community norms and market-driven employment options, considering gender equity. Services can include removing barriers to primary and secondary school attendance; early childhood development programs; and access to vocational trainings and employment. Services do not include strengthening the education system and general teacher training unrelated to the needs of OVC.
- Economic strengthening services are those that have the desired outcome of improved household economic status to meet the basic needs of OVC. Services can include small business development; savings and loan or microfinance; and livelihood establishing public-private partnerships (e.g., vendor models). Services do not include programs

not directly supporting HIV/AIDS-affected OVC. The economic strengthening should be evaluated according to its benefit to the six core areas.

Suggested age categories used for CLPIR forms and registers are based on childhood development and OVC needs. Because children develop at varying rates as they age, children of different ages can differ greatly in their needs, capacities, and individual vulnerabilities. It is important to address child-development issues through age-specific, child-focused programming that also aims to preserve family structures as much as possible. While there is some variation in how different organizations define these age categories, CLPIR recommends using the following age categories:

- **Under 2 years:** infancy
- **2-4 years**: early childhood/toddler
- **5-11 years:** middle childhood
- **12-17 years:** late childhood

These suggested age categories can be reviewed and adapted by each country and program as appropriate.

Illustrative Program Indicators for OVC Programs

Twelve indicators related to OVC programs are presented in table 3. These indicators are summarized by focus area (i.e., individuals, providers, community, and supply) along with the indicator label, suggested disaggregation, definition, justification, and data source. The data source colum corresponds to the CLPIR data collection forms and reports, which should be adapted to a program's specific needs. While indicators are briefly explained in the table, the section on indicator reference sheets describes these in further detail.

Table 3. CLPIR Illustrative Indicators for OVC Programs

Indicator *Number or amount of…*	Suggested Disaggregation	Definition	Justification	Data Source*
Focus Area — Individuals				
1. OVC enrolled	Gender Age New or currently enrolled	Total number of OVC enrolled in the program at the end of reporting period (does not necessarily mean OVC are receiving services)	Allows the program to balance service demand with resources available	10
2. OVC lost to follow up	Gender Reason (dead, migration, unknown)	Number of OVC enrolled for services at one time and lost contact (the program should define the minimum period of contact loss)	Helps to maintain accurate number of children being served by the program, and to understand reasons for program discontinuation	6
3. OVC served	Age Gender Received one or two services Received three or more services	Services provided by the program during the reporting period from the following areas: food/ nutrition, education, health, shelter, protection/safety, and psychosocial	Intended to ensure that the most essential services are being provided, and if the program is coordinating with other service providers in the community	2
4. OVC provided with services, by type of service	Gender Food and nutrition supplementation	List of services reflects standard set of services provided during the standard reporting period (not all services are provided by a single program; however, at least one of six core services must be provided)	Helps determine whether those enrolled are receiving services, and whether there is an appropriate balance of types of services available in the program	6

(continues on next page)

***Data Source Legend:**
2 = Child Status Index (Form OVC_2)
6 = OVC Service Provider Report (Form OVC_6)
7 = Register for Service Providers (Form OVC_7)
8 = Training Record Form (Form OVC_8)
9 = Support Summary Form (Form OVC_9)
10 = OVC Enrollment Summary Report (Form OVC_10)
11 = Supply Stock Management Form (Form OVC_11)
12 = Periodic Summary Report (Form OVC_12)

Indicator *Number or amount of…*	Suggested Disaggregation	Definition	Justification	Data Source*
Focus Area — Individuals (continued)				
5. OVC referred for other services, by type of service	Gender	Number of OVC referred to other programs or organizations for other services.	Measuring the degree to which referral occurs as a way of ensuring the holistic needs of OVC are met	6
6. OVC visited by staff or volunteer at least once in a given period	Gender	Number of OVC regularly visited by program staff or volunteer in a given period to track individual needs	Measures the extent to which the program is active in monitoring of individual OVC needs	6
Focus Area — Providers				
7. Providers/ caregivers trained in caring for OVC	Gender Type of training (counseling, care, community mobilization, other) Geographical distribution	Anyone who ensures care for OVC, including those who provide, make referrals to, or oversee social services (training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills, or competencies to be gained by participants)	Measures the contribution of this program to the community's capacity to respond to OVC needs	8
8. Providers/ caregivers supported to provide care for OVC	Type of provider Type of support (may be material, monetary, mentorship, or social)	Anyone who ensures care for OVC, including those who provide, make referrals to, or oversee social services	Measures the program's contribution to the community's capacity to respond to the needs of clients	9
9. Trained providers/ caregivers who have stopped their involvement	Type of provider Reason for discontinuing involvement (e.g., dropped out, fired, moved, died)	Any program staff or volunteer supported to provide service directly to an OVC, including caregivers or administrative staff (caregiver is an individual responsible for the day-to-day care of a child).	Measures retention of the providers in the program as a contribution of this program to the community's capacity to respond to OVC	7

Indicator *Number or amount of…*	Suggested Disaggregation	Definition	Justification	Data Source*
Focus Area — Community				
10. Community mobilization meetings held	Type of meeting	Mobilization refers to activities or meetings geared to increase community participation in support of OVC	Measures a program's contribution to community mobilization in support of OVC	12
11. Community leaders supported to promote OVC care and support	Type of leaders	Community leaders may be political, religious, or administrative	Measures a program's contribution to community awareness and education	9
Focus Area — Supply				
12. Supplies or IEC materials received or produced or distributed	Type of supply or materials	IEC materials for community education on OVC needs and how the community can help	Measures a program's contribution to community awareness and education	11

***Data Source Legend:**
2 = Child Status Index (Form OVC_2)
6 = OVC Service Provider Report (Form OVC_6)
7 = Register for Service Providers (Form OVC_7)
8 = Training Record Form (Form OVC_8)
9 = Support Summary Form (Form OVC_9)
10 = OVC Enrollment Summary Report (Form OVC_10)
11 = Supply Stock Management Form (Form OVC_11)
12 = Periodic Summary Report (Form OVC_12)

Overview of OVC Data Collection Forms for OVC Programs

Following are the data collection forms, registers, and report forms that can generate prevention program indicators suggested in table 3. Since these are suggested forms, their design and content may need to be adapted for each country and program context. The forms are provide in appendix D in this report. Versions in Microsoft Word can be downloaded and modified from the CLPIR CD-ROM or the MEASURE Evaluation Web site at http://www.cpc.unc.edu/measure/tools:

- ❒ OVC Enrollment Form (Form OVC_1)
- ❒ Child Status Index (Form OVC_2)

- OVC Register (Form OVC_3)
- Two-Way Referral Form (Form OVC_4)
- Supply Summary Sheet (Form OVC_5)
- OVC Service Provider Report (Form OVC_6)
- Register for Service Providers (Form OVC_7)
- Training Record Form (Form OVC_8)
- Support Summary Form (Form OVC_9)
- OVC Enrollment Summary Sheet (Form OVC_10)
- Supply Stock Management Form (Form OVC_11)
- Periodic Summary Report (Form OVC_12)

Figure 54 shows the relationship among registers, forms, and periodic report for OVC programs across different levels of the reporting system. It shows that the same individuals rarely would be requested to fill multiple forms or registers, and frequency of the data collection also varies by levels. Thus, the full burden of data compilation does not rely on one individual. Recommended tools are completed at three levels:

- **The client management level:** This is the level where the interaction between client and service provider takes place and all the services provided to the client are recorded. Forms at this level are normally filled out at the time the service is provided.
- **The provider management level:** The data collected through client-provider interaction is aggregated and analyzed at this level by the same individuals who provide service to the clients. Forms at this level are normally filled out at the end of each reporting period, at which time summarized data are transferred to the program management level.
- **The program management level:** This level (e.g., at the CBO, NGO, or FBO level) is where the program is managed, support is provided to the service providers, and all the information related to the program is aggregated and summarized by an M&E officer into summary reports. The collected data should be analyzed, feedback should be prepared and provided, and appropriate action should be taken at this level. The synthesis of all reports at this level is the **Periodic Summary Report (Form OVC_12)**, which aggregates information for all key indicators and passes this information on to higher levels for further analysis and feedback.

As shown in figure 54, CLPIR reporting depends mainly on primary information collected at the point of contact between frontline service providers and clients, and to a lesser extent at the CBO/NGO/FBO program management level. Some of this primary information is aggregated in an intermediate **OVC Service Provider Report (Form OVC_6)**, and all information is then aggregated into a **Periodic Summary Report (Form OVC_12),** which contains all 12 CLPIR OVC program indicators. The key elements of this information flow are as follows:

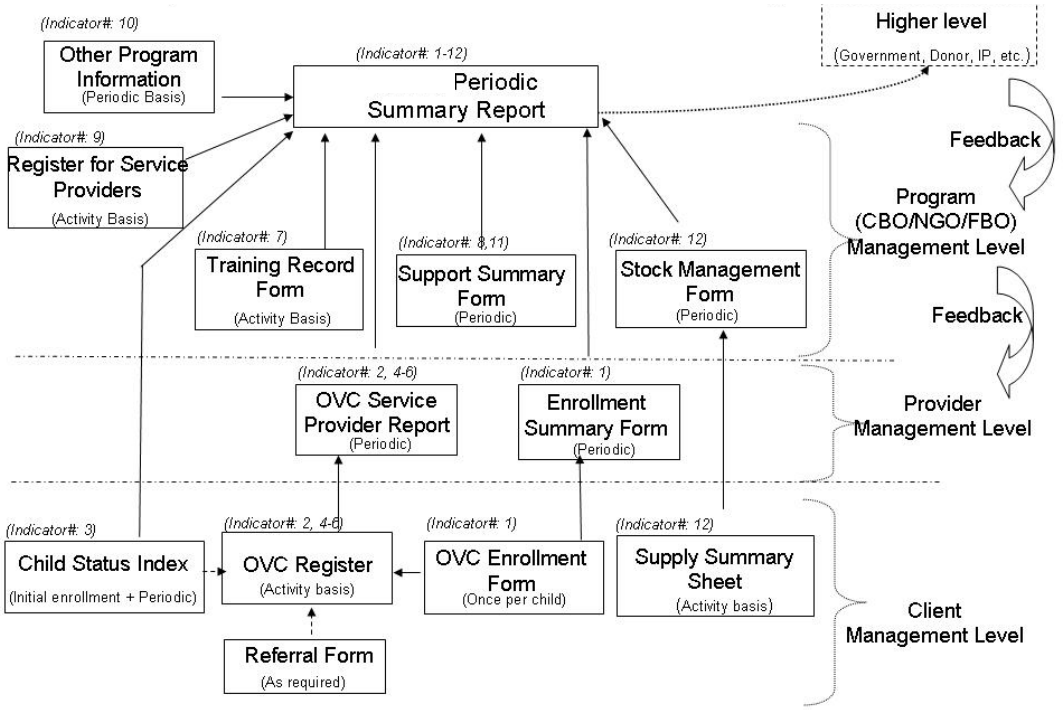


Figure 54. The relationship among CLPIR registers, forms, and reports for OVC programs across different levels of the reporting system.

1. The **OVC Enrollment Form (Form OVC_1)** is filled out during the initial registration process to capture demographic information and type of OVC to determine whether or not to admit the child into the program. Once the child is admitted to the program, the **Child Status Index (Form OVC_2)** is conducted, to understand the condition and vulnerability of the child. The demographic data from the enrollment form (Form OVC_1) is then transferred to the **OVC Register (Form OVC_3)** and used to identify the location of the child to provide services. At the end of the reporting period, information from the multiple **OVC Enrolment Form (Form OVC_1)s** are then summarized into one **OVC Enrollment Summary Sheet (Form OVC_10)**, where the numbers of new, lost to follow-up, and currently enrolled OVC are calculated. This information is used in the **Periodic Summary Report (Form OVC_12)** to generate suggested indicators.
2. After its initial use during the enrollment of the OVC into a program, the **Child Status Index (Form OVC_2)** should be used periodically (every six months is suggested) to monitor progress of a child's well-being, which is likely to change over time due to program interventions. Through the status index, service providers will be able to determine whether OVC are receiving comprehensive services (i.e., one or two services, or at least three services) from different programs active in

the same geographical area. Information on service provision captured through the **OVC Register (Form OVC_3)** is particularly useful when it is used against the child status information captured through Form OVC_2. CLPIR recommends that direct service providers use the child status index approach and forms to provide services matching the needs of OVC.

3. During the OVC visit, a direct service provider uses the **OVC Register (Form OVC_3)** to keep a record of all the services provided to a child through a program. One register is allocated for one child per reporting period, to summarize the history of all services provided to the same child during the period. Through the use of this register, service providers are able to record when and what types of services are provided to each child, to make sure that comprehensive services are available through the program. At the end of each reporting period, the information from multiple registers are tallied into one **OVC Service Provider Report (Form OVC_6)**, which collates information about the services provided during the reporting period by each provider. Since it is the summary of multiple visits conducted by the same service provider, the report is designed to assist service providers to analyze their own performance, identify gaps, and improve upon their activities. The information from multiple OVC provider reports is then consolidated into the **Periodic Summary Report (Form OVC_12)** by the M&E officer of the CBO, NGO, or FBO for further analysis and to generate suggested indicators.
4. When a CBO, NGO, or FBO recruits service providers and enrolls them into the program, the **Register for Service Providers (Form OVC_7)** should be completed, to keep a record of all the service providers registered in a program. If a service provider leaves from the program, information in the register must be updated accordingly.
5. When a CBO, NGO, or FBO conducts training for service providers on an OVC program component, a facilitator is requested to complete the **Training Record Form (Form OVC_8)**, which captures information on trainees and training components. One form should be completed per training instance. At the end of each reporting period, information from multiple training forms should be tallied and aggregated into the **Periodic Summary Report (Form OVC_12)**.
6. The **Support Summary Form (Form OVC_9)** is designed to collect information on support provided to service providers through the program that ensures the care of OVC and their households. Types of support include monetary and material support, as well as training and mentorship. This form needs to be completed by the staff from the CBO, NGO, or FBO each time support is provided to service providers. At the end of each reporting period, information from multiple support summaries should be tallied by the M&E officer and consolidated into the **Periodic Summary Report (Form OVC_12)** for further analysis.
7. The **Supply Summary Sheet (Form OVC_5)** is designed to collect and summarize information on supplies distributed during the reporting period to OVC, their family members, or communities. One sheet should be completed by each service provider

during each reporting period. The information should be recorded during the course of the reporting period, whenever supplies are distributed, and should be totaled at the end of the period and transferred to the **Supply Stock Management Form (Form OVC_11)**.

8. The **Supply Stock Management Form (Form OVC_11)** keeps a record of product availability, receipts, and distribution at the program management level. This form allows a program to maintain an appropriate amount of stock at hand and to monitor distribution of supplies to clients. One form is designed for one reporting period, and this information should be completed by the M&E officer at the end of each reporting period and aggregated to the **Periodic Summary Report (Form OVC_12).**
9. The **Referral Form (Form OVC_4)** is designed to support and strengthen the referral systems among all the service providers working in the community. Information in the referral form does not get aggregated; the form is designed to keep track of clients being transferred from one service provider to another.
10. The **Periodic Summary Report (Form OVC_12)** is an aggregation of all information captured through forms and registers listed in figure 53. It allows CBO, NGO, or FBO program managers to generate suggested indicators to analyze, interpret, and prioritize their activities. An aggregation should take place according to the period identified by each program. The information in the **Periodic Summary Report (Form OVC_12)** can be used to report up to higher levels.

Sample Data Collection Forms and Instructions for OVC Programs

Each suggested CLPIR data collection form for OVC programs is described next, including instructinons on how to fill out each form, who uses the form, and the form's purpose. The instructions can be used during the training and should be kept at the service delivery point to ensure consistent use of data collection forms. (Forms are provided in full size in appendix D.)

OVC Enrollment Form (Form OVC_1)

Purpose of the form: This form is designed to capture demographic information and type of OVC to determine whether a child is eligible for the program. The form should be filled out once per child during the life of the program. If there is any change to the information in the form, the information should be updated accordingly.

Data sources: Information is provided by the OVC or their caregivers.

Who prepares this form: This depends on the program. The person filling out the form can be a service provider, program officer, or M&E officer at the program. Both the OVC and his or her primary caregiver should be present when this form is being completed.

Issue of confidentiality: Oral consent from the child or his or her caregiver should be obtained before collecting information. It is important to explain the purpose of the enrollment form and the confidentiality related to the use of such data. Personal identifiable data should be collected only by people who have already signed a confidentiality agreement.

Below are instructions for completing specific items on the form (figure 55).

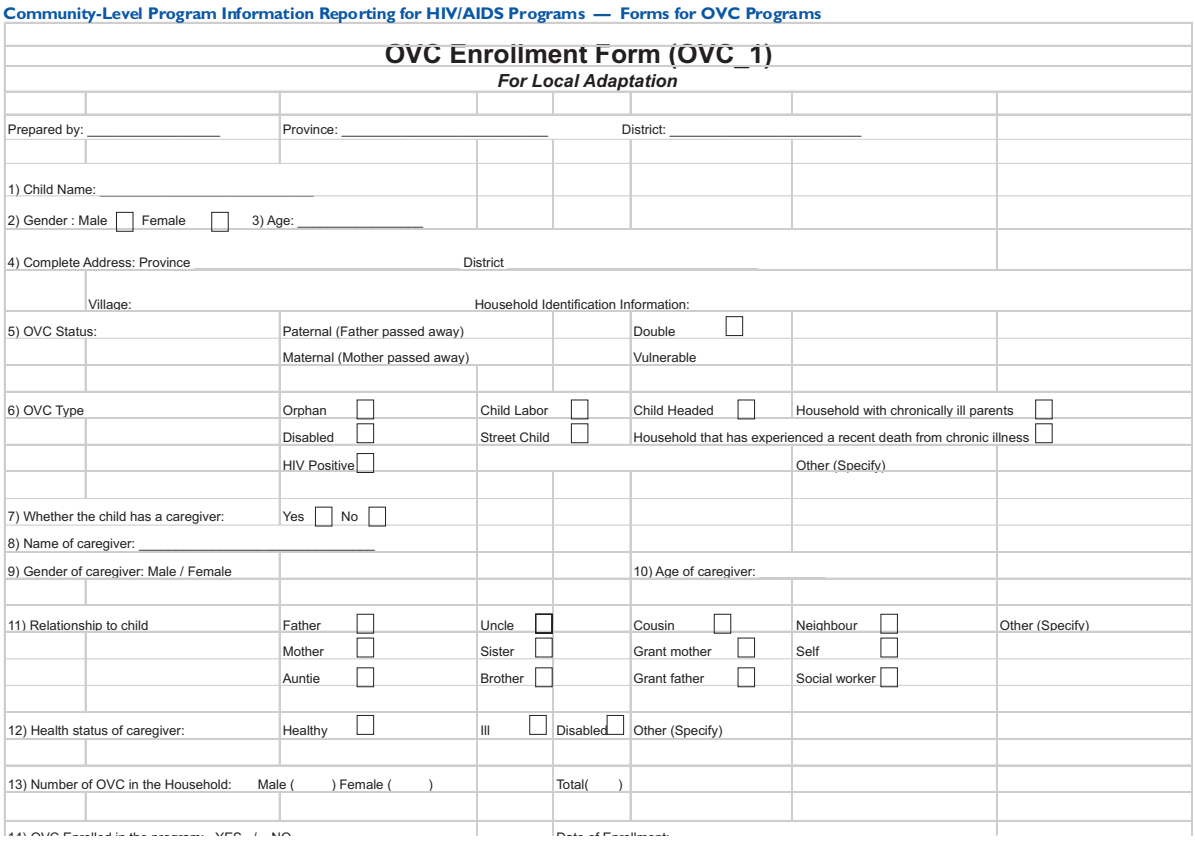
Prepared by: Write the name of the service provider, program officer, or M&E officer who conducted the assessment.

Province and District: Write the name of the province and district where the person preparing this document is active.

1) Child Name: Write the full name (e.g., first, middle, and last name) of the child being assessed.

2) Gender: Mark appropriate gender of the child being assessed.

3) Age: Write the age of the child. If exact age is not available, an approximate age should be written.



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OVC Enrollment Form (OVC_1)

For Local Adaptation

Prepared by: _____ Province: _____ District: _____

1) Child Name: _____

2) Gender : Male ☐ Female ☐ 3) Age: _____

4) Complete Address: Province _____ District _____

Village: Household Identification Information:

5) OVC Status: Paternal (Father passed away) Double ☐

Maternal (Mother passed away) Vulnerable

6) OVC Type Orphan ☐ Child Labor ☐ Child Headed ☐ Household with chronically ill parents ☐

Disabled ☐ Street Child ☐ Household that has experienced a recent death from chronic illness ☐

HIV Positive ☐ Other (Specify)

7) Whether the child has a caregiver: Yes ☐ No ☐

8) Name of caregiver: _____

9) Gender of caregiver: Male / Female 10) Age of caregiver: _____

11) Relationship to child Father ☐ Uncle ☐ Cousin ☐ Neighbour ☐ Other (Specify)

Mother ☐ Sister ☐ Grant mother ☐ Self ☐

Auntie ☐ Brother ☐ Grant father ☐ Social worker ☐

12) Health status of caregiver: Healthy ☐ Ill ☐ Disabled ☐ Other (Specify)

13) Number of OVC in the Household: Male ( ) Female ( ) Total( )

Figure 55. OVC Enrollment Form (Form OVC_1).

4) Complete Address: Province _____ District _____ Village: _____ Household Identification Information: _____ In the spaces indicated, write the name of the province, district, village, and household identification information (e.g., building number, name of street, etc.) where the child lives. If the child does not have a fixed place to live, write the place where the service providers can find the child. If the child is admitted to the program, this information will be used to locate him or her, to provide services.

5) OVC Status: From the list provided, mark the appropriate status. "Paternal: Father passed away" refers to a child (17 years old or younger) who has lost his or her father to HIV/AIDS. "Maternal: Mother passed away" indicates such a child who has lost his or her mother to HIV/AIDS. "Double" refers to a child who has lost both his or her mother and father to HIV/AIDS, and "Vulnerable" indicates a child is more vulnerable because of any or all of the following factors that have resulted from HIV/AIDS:

- ❒ The child is HIV positive.
- ❒ The child lives without adequate adult support (e.g., in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, or a household headed by a child younger than 18 years of age).
- ❒ The child lives outside of family care (e.g., in residential care or on the streets).
- ❒ The child is marginalized, stigmatized, or discriminated against, according to the judgment of the person completing the form.

6) OVC Type: Choose type of OVC from the list provided (indicate more than one type, if applicable). "Orphan" refers to a child 17 years of age or younger who has lost one or both parents to HIV/AIDS. "Child Labor" indicates a child who is engaged in work that harms or exploits him or her in some way (physically, mentally, morally, or by blocking access to education). The minimum age for legal child labor depends on the particular country. "Child Headed" refers to a child who is the head of his or her household. "Household with chronically ill parents" indicates a child living in a household with chronically ill parents.

"Disabled" indicates a child whose physical or mental condition keeps him or her from being able to function in an expected manner. "Street Child" indicates a child who lives on the street – in particular, one that is not taken care of by parents or other adults – and who sleeps on the street because he or she does not have a home. "Household that has experienced a recent death from chronic illness" indicates such a household.

"HIV Positive" refers to a child who has been tested as being HIV positive. "Household headed by a grandparent" refers to a child who lives in a household headed by a grandparent of the child. "Other (Specify)" is used to specify any other type of OVC condition not described in the list.

7) Whether the child has a caregiver: Yes? No?: "Caregiver" refers to anyone who ensures care for the child, including a person who provides care direclty, or makes referral to social services or oversees social services. This may include parents; guardians; other caregivers;

extended family; neighbors; community leaders; police officers; social workers; national, district, or local social welfare ministry staff; as well as health care workers; teachers; or community workers who have received training on how to address the needs of OVC. If a child has a caregiver, check "Yes." If not, check "No."

8) Name of caregiver: Write the full name (e.g., first, middle, and last name) of the primary caregiver of the child.

9) Gender of caregiver: Male/Female: Circle the gender of the child's primary caregiver.

10) Age of caregiver: Write the age of the child's primary caregiver. If the exact age of the caregiver is not available, use an approximate age.

11) Relationship to child: Choose the type of relationship that the child has to be caregiver from the list provided.

12) Health status of caregiver: Choose the health status of the caregiver from the list provided. "Healthy" refers to an absence of illness and indicates that the caregiver is functional and able to cope with everyday activities. "Ill" means the individual's normal physical or mental function is impaired. "Disabled" refers to any condition that impedes the completion of daily tasks. "Other (Specify)" is used when the caregiver suffers from any other physical or mental condition (be sure to specify the condition).

13) Number of OVC in the household: Write the number of OVC in the household, by gender and the total number of OVC in the household. This number includes the child being assessed.

14) OVC Enrolled in the program? YES/NO: After the demographic and vulnerability part of the form is completed, the individual filling out the form decides if the child qualifies to be enrolled into the program based on the specific criteria defined by the program. If a child qualifies, circle "YES" in this section. If not, circle "NO."

This information will be used to calculate the number and proportion of OVC enrolled in the program.

Date of enrollment: Only if the child is admitted to the program (i.e., "YES" was circled for line 14), write the date of enrollment. Otherwise, leave this line blank.

Child Status Index (Form OVC_2)

Purpose of the form: Once a child is admitted to a program, the Child Status Index (Form OVC_2) is used to assess the condition and vulnerability of a child, and determine the type of services needed. Assessment should take place at the time of the enrollment and periodically to monitor progress of the child's well-being that is attributable to program interventions. CLPIR recommends that service providers use this form to assess each child every six months.

(At the end of each reporting period, a program must use the index in order to generate the number of OVC who have received one or two services [supplemental direct support] and

those who have received at least three services [primary direct support] "regardless of the service provider." The other CLPIR data collection forms only capture the number of OVC served directly through your program.)

Data sources: Information is provided by OVC or OVC caregivers, as well as directly from program staff or volunteers.

Who prepares this form: This depends on the program. The person filling out the form can be a service provider, program officer, or M&E officer of the program. Both the OVC and his or her primary caregiver are recommended to be present at the time of assessment.

The first page of the two-page form is shown in figure 56. For complete instructions, please refer to the Child Status Index (CSI) developed by MEASURE Evaluation and is available at http://www.cpc.unc.edu/measure/tools/child-health/child-status-index.

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Child Status Index (Form OVC_2)

Date _____ Child's Name _____ Age in years ____ Gender M/F ___ District _____ Ward/Location/Division_____ Village_____

Source(s) of information: __Child __Parent/Caregiver __Other relative __Family friend __Teacher __Community Worker __Other (specify) Child's birth registered __Yes __No

DOMAIN	*FOOD AND NUTRITION*	*SHELTER AND CARE*		*PROTECTION*	*HEALTH*	
	1. Food Security	**2. Shelter**	**3. Care**	**4. Abuse and Exploitation**	**5. Wellness**	**6. Health Care Services**
GOAL	Child has sufficient food to eat to sustain an active and healthy life at all times of the year	Child has stable shelter/housing that is adequate, dry, and safe	Child has at least one adult who provides consistent love and support	Child is safe from any abuse, neglect, or exploitation	Child is healthy	Child has access to the health services they need - preventative & treatment healthcare (health education, immunizations, medicine)
Good	0 Well fed, eats regularly, no concerns.	0 Shelter and indoor dwellings are adequate, dry, and safe	0 No concerns. Child feels protected and loved by primary caregiver.	0 No concerns about child abuse, neglect, labor or sexual exploitation.	0 Healthy, doing well & rarely falls ill with fever or diarrhea.	0 Child has receives almost all needed health services.
Fair	1 Eats regularly some of the time depending on season.	1 Shelter is adequate but indoor dwellings are inadequate.	1 Primary caregiver has limited ability to provide love and support.	1 Some concerns that child is neglected or not treated well.	1 Sick for 1-3 days in past month and not able to go to school or perform work.	1 Child receives some health services but not all needs are met.
Bad	2 Eats fewer times or less food than needed, complains of hunger (less than 2 meals /day).	2 Inadequate shelter, does not protect from weather, needs major repairs, overcrowded	2 No consistent adult for love and support.	2 Specific concerns that child is neglected, abused, or forced to do work not appropriate for age.	2 Frequently falls ill, in 1 or more days in a week child is too sick to go to school or perform work.	2 Child inconsistently receives needed health services.
Very Bad	3 Almost never eats one full meal in a day. Goes to sleep hungry most nights.	3 No shelter or stable place to live	3 Child fends for self, lacks a loving and supportive adult.	3 Child is abused, exploited sexually or physically, subjected to extreme child labor, or other exploitation	3 Child is chronically ill (is sickly almost all of the time)	3 Child almost never receives any health services they need.
Give reason(s) if necessary						

Type(s) of services or resources provided to the support of this child during the past 6 months (or ___ Months), organization providing services, resources needed, and action taken today

Types of services	*Yes*	*No*	*Name provider (NGO)*	*Services needed*	*Action taken today*
Food & Nutrition support (food rations, planting seeds, etc)					
Access to education (school fees, uniforms, supplies, desks, etc)					
Access to health care (Vaccination, medicine, doctor or hospital fee paid, etc)					
Psychosocial Support (clubs, group support, etc.)					
Protection from abuse (education on abuse, reporting mechanisms, etc)					
Legal support (property disputes, rape, etc)					
Care & protection (caregiver trained, child placed with family, etc)					

Figure 56. First page of Child Status Index (Form OVC_2).

Besides using this form for an initial assessment and evaluation of vulnerablity, the form can also be used to measure if OVC are receiving comprehensive services and to measure the outcome of services provided to OVC.

Depending on the needs of each program, this form should be adapted and used for OVC programs.

OVC Register (Form OVC_3)

Purpose of the form: This register is designed to collect the history of all services provided to each OVC during the reporting period. Only those services directly provided by your own program during an OVC visit should be recorded on this form. Each page of the register is allocated to one OVC per reporting period. By monitoring the services given to a child over time, providers will be able to capture a comprehensive overview of each child's status and will be able to provide appropriate services to meet their needs.

Data sources: Demographic information (name of child, gender, age, etc.) comes from the OVC Enrollment Form (Form OVC_1). The remainder of the form is filled out based upon the type of support provided.

Who prepares this form: A direct service provider conducting OVC visits completes this form.

Issue of confidentiality: Oral consent from the child or caregiver, prior to collecting information, is recommended. It is important to explain the purpose of the register and the confidentiality related to the use of such data. Personal identifiable data should be collected only by people who have already signed a confidentiality agreement.

Below are instructions for completing specific items on the form (figure 57). Service providers are encouraged to review the OVC Enrollment Form (Form OVC_1)s and the Child Status Index (Form OVC_2)s before a visit, to keep in mind the needs of each child and to make sure that the services match the needs of each child. Service providers should review the register from the previous reporting period, to remember the type of services provided to the child during previous visits.

Name of organization: Write the name of the organization providing care and support

Period From: ____To: ____: Write the reporting period (defined by each program).

Name of Service Provider: Write the name of the service provider providing care and support.

Province, District: Write the name of the province and district where the service provider is active.

Name of Child: Transfer name of the child from the OVC Enrollment Form (Form OVC_1).

Gender and Age: Transfer gender and age of the child from the OVC Enrollment Form (Form OVC_1).

Complete Address of a child. Province: ___ District: ___ Village: ___ Transfer complete address information from the OVC Enrollment Form (Form OVC_1).

A: Service Provided to OVC: This section provides a listing of 18 services, organized under six core areas, e.g., three servcies under "1) Food and Nutritional Support." In the "Date" column, write the date when a visit to a child is conducted. In addition to food and nutrition, the other core services liste are shelter and care, protection, health care, psychosocial services, and education, which have been identified as essential services for OVC. Programs should provide at least three of the six core services. Economic strengthening should be evaluated according to its benefit to the six core areas. (For detailed definitions of these six services, refer to PEPFAR's *Orphans and Other Vulnerable Children Programming Guidance for United States Government In-Country Staff and Implementing Partners*, cited in the footnote on page 100.)

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OVC Register (Form OVC_3)

For Local Adaptation

Name of Organization: _____ Period From: _____ To: _____

Name of Service Provider: _____ Province: _____ District: _____

Name of Child: _____ Gender: Male ? Female ? Age: _____

Complete Address of a child
Province: _____ District: _____ Village: _____

A: Service Provided to OVC **B: Referral made**

Date	1) Food and Nutritional Support			2) Shelter and Care			3) Protection			4) Health Care			5) Psychosocial			6) Education			Follow Up Visit	Referred Out			
	Nutritional Counseling	After care programs	Food/Nutritional Supplementation	Shelter	Maintenance of home	Reintegration of institutionalized children	Stigma Reduction	Inheritance Claim	Child Abuse	General Health Needs	Health care for HIV positive	Prevenion of HIV	Life Skill	Counseling	Rehabilitation/Re-Intergration	School Fee	School Material	Skill Development		HBC	ABY	VCT	Other (Specify)

C: Lost to follow up date: _____

Reason for leaving: Lost to follow up / Migrated / Died / No longer in need of service / No longer classified as OVC / Unknown / Other (specify)

D: Comments and Remarks:

Figure 57. OVC Register (Form OVC_3).

This list of specific services under the six core headings can be revised and adapted, depending upon the services offered by a program using the form. In this section, all services that are directly provided by your program to OVC during OVC visits should be listed. During a visit to a child, a check mark should be recorded in the appropriate box if that service was provided during that visit. The number of contacts and the extent of services that need to be provided to a child in order to warrant a check mark should be determined by each program.

PEPFAR requests reports on the number of OVC receiving food and nutritional supplementation through OVC programs. In order to report accurately on this indicator, keep the "food and nutritional supplementation" core of services separate from other services. PEPFAR defines food and nutrition supplementation as:

- supplementary feeding to provide additional food to prevent clinical malnutrition or treat of mild to moderate malnutrition;
- therapeutic feeding to provide specialized food to treat persons with severe malnutrition;
- micronutrient supplementation; or
- replacement feeding for infants.

Follow-up Visit: In this final column in section A, place a check mark if the service provider made an OVC visit. Service providers should visit OVC regularly to monitor their needs, even if no specific services are provided during visits. Therefore, it is important to place a check mark in this column whenever a service provider visits a child, regardless of whether services were provided, in order to have a record of all OVC visits.

B: Referral made: Place a check mark under any of the listed referral categories that were made during a visit. Only cases that were referred out are recorded in this section.

C: Lost to follow up date: If the child is no loner enrolled in the program, write the date when this child left the program (if the child is still enrolled, leave this section blank). If the exact date is unknown, write an approximate date.

Reason for leaving: If the reason for leaving the program is known, mark one of the reasons listed in this section. If the reason is unknown, mark "Unknown;" and if the reason is known but not listed, briefly specify the reason under "Other (Specify)."

D: Comments and Remarks: Use this space to note any problems or issues involving the child during the reporting period. This is an important channel of communication between providers and supervisors, allowing for a richer information exchange than from the numbers alone.

Two-Way Referral Form (Form OVC_4)

Purpose of the form: This form is designed to support a referral system among different health care providers active in the community. Although referral information for program monitoring is already captured through the OVC Register (Form OVC_3), the two-way referral form is designed to facilitate the referral process itself. In other words, a child actually takes the form

to the site to which the child is referred, and the form is used by that site to ensure that the child is directed to a service provider to meet his or her needs.

Data sources: The form is filled out based upon the child's needs (no other data sources are used).

Who prepares this form: The top and middle parts of the form are completed by the service provider who is referring the child to other services. These two parts are identical, asking the same information, because the referring service provider detaches the top part to retain on file. The service provider then gives the remainder of the form to child (which duplicates the information being kept on file by the provider) and instructs the child to take the remaining form to the referral site.

The bottom part of the form is completed by the service provider who received the referred child. After completing this portion of the form, the bottom part of the form is detached and given to the child, who then returns it to the original service provider who made the referral.

Returning the bottom portion to the original service provider verifies that the child did receive the service from the referral site. This is an important way of ensuring that the holistic needs of individuals are met and different service providers active in the communities are coordinated to provide continuous care to the patient.

Below are instructions for completing specific items on the form (figure 58).

Name: Write the full name (e.g., first, middle, last names) of the child, in both the top and middle portions of the form.

Age: In both places, write the child's age. If exact age is not available, write approximate an age.

Sex: Write the child's sex in both places.

Referred From and Referred To: In both the top and middle sections, write the name of the organization, program, facility, or individual that referred the child to other services; and the name of the organization, program, facility, or individual to which the child is being referred.

List of treatments or services: Place a check mark by each treatment or service for which the child is being referred, again doing so in both the top and middle sections. If a child requires services provided by more than one provider, a referral form will need to be completed for each provider to which the child is being referred.

Name & Signature of Person Referring: The person referring the child should write his or her full name and provide his or her signature in the top and middle portions of the form. At the bottom, the person providing treament or a service at the receiving organization should do likewise.

Title/Position: Write the title or position of the person who referred the child (top section and middle sections); and person providing treatment or service does likewise on the relevant line in the bottom portion.

Name of Receiving Organization: The bottom portion is completed by the receiving organzation, which completes this line by writing the name of the organization, program, facility, or individual to which the child was referred.

Phone number: If available, write the phone number of the receiving organization.

Address: Write the address of the receiving organization, program, facility, or individual.

List of Services Provided: Write all the services that were provided to the child.

Two-Way Referral Form (Form OVC_4)

For Local Adaptation

To be filled by organization making the referral (Referring Organization)

Client's name: ..... Age: ..... Sex: .....

Address: .....

Referred From: ..... Referred To: .....

1. Medical Treatment	( )	9. Micro Credit Scheme	( )	17. Faith Based Support	( )
2. STI Treatment	( )	10. Financial Support	( )	18. Treatment Support	( )
3. VCT	( )	11. Social Support	( )	19. PEP Services	( )
4. ARV	( )	12. Peer Counseling	( )	20. Micro Finance	( )
5. PMTCT Services	( )	13. Psycho Social Support	( )	21. Pharmacy	( )
6. Home Based Care	( )	14. PLWHA Support	( )	22. OB/GYN Services	( )
7. Welfare Assistance	( )	15. Youth Support Groups	( )	23. Others	( )
8. RH/FP	( )	16. Nutrition Support	( )		

Name & Signature of Person Referring: ..... Title/Position: .....

Please detach along this line

Two-Way Referral Form

To be filled out by organization making the referral (Referring Organization)

Client's name: ..... Age: ..... Sex: .....

Address: .....

Referred From: ..... Referred To: .....

1. Medical Treatment	( )	9. Micro Credit Scheme	( )	17. Faith Based Support	( )
2. STI Treatment	( )	10. Financial Support	( )	18. Treatment Support	( )
3. VCT?	( )	11. Social Support	( )	19. PEP Services	( )
4. ARV	( )	12. Peer Counseling	( )	20. Micro Finance	( )
5. PMTCT Services	( )	13. Psycho Social Support	( )	21. Pharmacy	( )
6. Home Based Care	( )	14. PLWHA Support	( )	22. OB/GYN Services	( )
7. Welfare Assistance	( )	15. Youth Support Groups	( )	23. Others	( )
8. RH/FP	( )	16. Nutrition Support	( )		

Name & Signature of Person Referring: ..... Title/Position: .....

Please detach along this line

To be filled out by the organization receiving the referral (Receiving Organization)

Name of Receiving Organization: ..... Phone Number: .....

Address: .....

List of Services Provided	Services Completed as Requested Y/N	Follow Up Needed Y/N	Follow Up Date

Additional Comments:

Client's name: ..... Age: ..... Sex: .....

Address: .....

Name & Signature of the Person Treating: ..... Title/Position: .....

Figure 58. Two-Way Referral Form (Form OVC_4).

Services Completed as Requested Y/N: Indicate if requested services were provided to the client by using "Y" for "yes" or "N" for "no," indicating whether the services provided match the services for which the patient was being referred.

Follow Up Needed Y/N: Indicate if follow up is necessary, based on results of the child's visit and type of service provided, again using "Y" for "yes" or "N" for "no."

Follow-Up Date: If follow up is necessary, write the date of the next follow-up visit.

Additional Comments: Write down any relevant issues or comments involving the referrals.

Supply Summary Sheet (Form OVC_5)

Purpose of the form: This form (figure 59) is designed to collect and summarize information on supplies distributed to OVC, their family members, or communities during the reporting period. Such supplies as IEC materials, which are distributed to mass audiences, also need to be recorded on this sheet. This form captures information on the number of individuals who received supplies and the amount of supplies that were distributed to clients. One summary sheet should be filled out by each service provider during each reporting period. The information should be filled in over the course of the reporting period, whenever supplies are distributed, and should be totaled at the end of the period.

Data sources: The numbers of materials distributed are the sources for completing the form (no other forms are used).

Who prepares this form: A direct service provider visiting a vulnerable child, family members, or communities to distribute supplies completes this form.

Issue of confidentiality: If it is inappropriate to list multiple names of recipients and their signatures on one form, a separate form for each individual can be used to collect such information, transfering summary data into this form at the end of the reporting period.

Below are instructions for completing specific items on the form.

Province and District: Write the name of the province and disrtrict where the supplies were distributed.

Report prepared by: Write the name of the person who prepared the report (i.e., the person who distributed the supplies).

Reporting Period From: ___ To ___ : Write the reporting period as defined by your program.

The table provided on the form begins with the "Date" column. Write the date on which the items were distributed. Under "Name of the recipient," write the name of the person who received the supplies that were provided by the program. For the "Direct to Child" heading, write the total amount of supply item distributed. It is important to state the unit of measurement (e.g., "kg" for kilograms, "$" for dollars, etc.). Under the "To the Community" heading, write the total amount of IEC materials distributed to the community under the relevant type of supply heading whenever IEC materials are distributed to the community. In the "Signature"

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Supply Summary Sheet (Form OVC_5)

For Local Adaptation

Province: _____ District: _____

Report Prepared By: _____

Reporting Period From: _____ To: _____

Date	Name of the recipient	Direct to the Child						To the Community				Singature
		School Uniforms	School Materials	Clothes	School Fees	Food	Other (Specify)	Posters	Pamphlets	Newsletters	Other (Specify)	
Total												

Comments and Remarks

Signature of Service Provider: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Figure 59. Supply Summary Sheet (Form OVC_5).

column, the recipient of the supply or IEC materials must sign his or her name.

Comments and Remarks: Use this space to note problems or issues encountered during the reporting period. This is an important channel of communication between direct service providers and supervisors, allowing for richer information exchange than would be possible from the numbers alone.

Signature of Service Provider and Date: At the end of each reporting period, the service provider who completed this report must review the accuracy and completeness of the report and sign the document before submitting the report to his or her supervisor. Write the date that the completed report was submitted.

Signature of Supervisor and Date: The provider's supervisor, who received the report from the provider, should review the accuracy and completeness of the report and then sign and date the document. Together, the supervisor and provider should discuss and analyze the results of the report. A copy of this form should be retained by the provider for his or her records.

OVC Service Provider Report (Form OVC_6)

Purpose of the form: This form is designed to tally information from the OVC Register (Form OVC_3)s to summarize activities carried out by the same service provider during the reporting period. This summary report helps service providers analyze, interpret, and prioritize their activities based on data that they have gathered. This form should be completed by each service provider at the end of each reporting period.

Data source: The source is OVC Register (Form OVC_3).

Who prepares this form: Wth assistance from his or her supervisor, the service provider who conducted the OVC visits and prepared the OVC Register (Form OVC_3)should complete this report.

Below are instructions for completing specific items on the form (figure 60).

Name of Organization: Write the name of the organization providing care and support for OVC.

Name of Service Provider: Write the name of the service provider conducting the OVC visits.

Province and District: Write the name of the province and district where the service provider is active.

Reporting Period From: ___ To:___: Write the reporting period that is used by the program.

A: OVC provided with service(s): This section of the form captures the number of OVC, by gender and age range, who received at least one of the six core services from your program during the reporting period. Follow-up visits and referral services are not considered to be one of the six services. Therefore, if the service provider only conducted a follow-up visit or made a referral for a child during this reporting period, DO NOT count that child in your total.

Go through the OVC Register (Form OVC_3)s one by one to identify which OVC received at least one of the services listed under the six core groups during the reporting period (i.e., in order to be counted, at least one of the services must be checked during the reporting period). If a child received at least one service during the reporting period, transfer the child's gender and age information into this section of the service provider report by marking the appropriate circles under the relevant headings.

For a three-year-old girl, for example, mark one of the circles in the "Age" subcolumn "2-4," indicating this child was 2 to 4 years of age, in "F" row, indicating she is a "female." At the end, count the number of marks in each circle and write the numbers "Total" boxes, both by age ranges (in each column) and by gender (in the "M" and "F" rows).

B: Lost to follow up: This section of the document captures the number of OVC who left the program during the reporting period. Going through the registers one by one, look at "C: Lost

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OVC Service Provider Report (OVC_6)

For Local Adaptation

Name of Organization: ____________________________

Name of Service Provider: ____________________________ Province: ______________________ District: _____________________

Reporting Period From: ______________ To: ______________

A: OVCs provided with service(s)

	Age				
	<2	2-4	5-11	12-17	Total
M	OOOOOOOOOO OOOOOOOOOO	OOOOOOOOOO OOOOOOOOOO	OOOOOOOOOO OOOOOOOOOO	OOOOOOOOOO OOOOOOOOOO	
F	OOOOOOOOOO OOOOOOOOOO	OOOOOOOOOO OOOOOOOOOO	OOOOOOOOOO OOOOOOOOOO	OOOOOOOOOO OOOOOOOOOO	
Total					

B: Lost to follow up

	Age				
	<2	2-4	5-11	12-17	Total
M	OOO OOO	OOO OOO	OOO OOO	OOO OOO	
F	OOO OOO	OOO OOO	OOO OOO	OOO OOO	
Total					

C: Type of service provided to OVC:

	Support						Follow Up Visit	Referral				Reason for Leaving					
	1) Food and Nutrition	2) Shelter and Care	3) Protection	4) Health Care	5) Psychosocial	6) Education		HBC	ABY	VCT	Other (Specify)	Dropped Out	Migrated	Died	No longer in need of service	No longer OVC	Unknown
M	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO
F	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO
Total																	

D: Comments and Remarks:

Signature of Service Provider: ______________________________ **Date:** ________________________

Signature of Supervisor: __________________________________ **Date:** _____________________

Figure 60. OVC Service Provider Report (Form OVC_6).

to follow up date." If a child left the program during the reporting period, transfer the gender and age information to this section of the service provider report by marking one of the circles under the relevant heading. At the end, count the number of marks in each circle and write the number down in the "Total" column and row (totaling by age ranges and by gender).

C: Type of service provided to OVC: Support: Go through the OVC Register (Form OVC_3)s one by one to identify which OVC received at least one service from the six core groups during the reporting period. In order to be counted, at least one service must be checked during the reporting period. For example, if a boy received school fees and school materials during the reporting period (one of the "Education" services), then a mark should be placed under the "Education" heading on the "M" row for "male." Even if the same service is provided to the child multiple times during this reporting period, the child can only be counted once for that specific service during the reporting period. In a similar way, if a child received at least one service under the "Food and Nutrition" core group during this reporting period, place one mark in a circle under this column (do not mark multiple circles even if the child received these services more than once during the reporting period).

Follow-Up Visit, Referral, and Reason for Leaving: Similarly, if a child received multiple follow-up visits or referrals during the reporting period, use only one check mark per child to indicate these activities during the reporting period. Among those who left the program, mark the reasons in the same way. When all registers have been reviewed and the information marked accordingly into the report, count the number of marks under each column and give the totals on the bottom row, maked "Total."

D. Comments and Remarks: Use this space to note problems and issues encountered during the reporting period. This is an important channel of communication between direct service providers and supervisors, allowing for richer information exchange than is possible from the numbers alone.

Signature of Service Provider and Date: At the end of each reporting period, the service provider who completed this report must review the accuracy and completeness of the report, then sign and date the document before submitting it to his or her supervisor. The date is when the completed report was submitted to the supervisor.

Signature of Supervisor and Date: The supervisor should review the accuracy and completeness of the report and then sign and date the document. The provider and supervisor should discuss and analyze the report's findings. The provider should keep a copy of the report for his or her records.

Register for Service Providers (Form OVC_7)

Purpose of the form: This form is designed to capture demographic information of the individuals who are registered and enrolled in a program as service providers. This form should be filled out during the initial registration stage and should be updated if there is any change to the information in this form. This information helps a program to maintain an accurate number of active providers and to balance service demands with available human resources.

Data source: Information is provided by service providers.

Who prepares this form: A program officer or an M&E officer at the program level is responsible for explaining and collecting the information from newly registered service providers.

Below are instructions for completing specific items on the form (figure 61).

Register prepared by: Write name of the program officer or M&E officer who prepared the register (i.e., the person responsible for collecting this information).

Reporting Period: Write the reporting period, defined by each program.

Date of enrollment: In the first column of the form, write the date of the enrollment for each provider.

Name of the service provider: Write the full name of the individual registered as service provider.

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Register for Service Providers (OVC_7)

For Local Adaptation

Register prepared by: _____ **Reporting Period:** _____

Date of Enrollment	Full name of the service provider	Gender		Age	Address (Province, District, Village)	Paid	Unpaid	Lost to follow up	
		M	F					Date	**Reason

**Lost to follow up code:
1) Dropped out, 2) Fired, 3) Moved, 4) Died, 5) Unknown, 6) Other (Specify)

Figure 61. Register for Service Providers (Form OVC_7).

Gender and Age: Mark the appropriate gender of each individual registered and write the person's age. If the exact age of an individual is not available, an approximate age should be written.

Address (Province, District, Village): For each provider registered, write the name of the person's province, district, and village.

Paid and Unpaid: For each provider, indicate whether the person works as a volunteer (i.e., without being paid) or receives a salary from the program.

Lost to follow up: Whenever a service provider leaves the program, write the date when he or she left (i.e., if a service provider is still enrolled in the program, this section should remain blank). Under "Date," write the date when the provider left from the program. If the exact date is unknown, write an approximate date. Under "Reason," choose one of the reasons listed at the bottom of the form and write its corresponding number into this section (e.g., "3" for "moved," or "5" for "unknown"). If the reason is known but not listed, mark "6" for "Other (Specify)" and briefly write the reason.

Training Record Form (Form OVC_8)

Purpose of the form: This form is designed to collect information about OVC caregivers and service providers who participated in different types of OVC training (new or refresher) that were provided by the program during each reporting period. One training record form is allocated per training. This form should be filled out whenever a training event takes place. The facilitator completes the top part of the form, and each participant fills in his or her personal information in the form's table.

Data source: The information on this form is entered by the facilitator and the training participants.

Who prepares this form: The first part of the form (topic of the training, title of the training, etc.) is completed by the facilitator of the training. Participant information is entered by each participant.

Below are instructions for completing specific items on the form (figure 62).

Province and District: Write the name of the province and district where the training takes place.

Name of facilitator: Write the name of the facilitators conducting the training course (if multiple facilitators are involved, list all of them).

Date: Write the date when the training was conducted.

Topic of the training: From the list provided, choose the option that best describes the main topic of the training. This reference list can be adapted to meet program needs.

Specific title of the training: Write the specific title of the training.

Participant Name: In the first column of the table, each participant should write his or her full name (e.g., first, middle, and last names).

Male/Female: Each participant should place a tick mark under the appropriate gender heading.

Home Location of Trainees Province, District, Village: Participants should write their home location (province, district, village, and household identification information). This information can be used to locate them in the future.

Type of trainee: Participants should mark the type of trainee that best describes them.

Have you received a training on the same topic since ( )?: If a participant has already received a training on the same topic during the reporting period, he or she should write "yes" in the space provided; otherwise, he or she should leave this space blank. This is an important way to avoid double-count of individuals who have already received training on the same topic during the reporting period. Before training starts, the facilitator fills in the date that corresponds to the beginning of the current reporting period.

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Training Record Form (Form OVC_8)

For Local Adaptation

Province: _____ District:_____ Name of the facilitator: _____ Date of the training: _____

Topic of the training: 1) Food and Nutrition, 2) Shelter and Care, 3) Protection, 4) Health Care, 5) Psychosocial, 6) Education

Specific title of the training: _____

Participant Name	Male	Female	Home Location of Trainees Province, District, Village	Type of trainee					Have you received a training on the same topic since ( )?
				Caregiver	Teacher	Volunteer	Community Leader	Other (Specify)	
Total									
Comments and Remarks									

Figure 62. Training Record Form (Form OVC_8).

Did you receive any of the listed training since ( )?: If a participant has already received any of the listed training since the beginning of this reporting period, he or she should write "yes" in this space; otherwise, leave the space blank. This is an important way to avoid double-count of those individuals who already received a training on OVC activity during the same reporting period. As with the previous line, the facilitator provides the date in the blank space (the beginning of this reporting period).

Comments and Remarks: Use this space to note problems and issues encountered during the reporting period. This is an important channel of communication between direct service providers and supervisors, allowing for richer information exchange than would be possible from the numbers alone.

Support Summary Form (Form OVC_9)

Purpose of the form: This form should be completed every time support is provided from the program to a service provider. Support is assistance to service providers in carrying out their tasks; this can include monetary or material assistance, as well as mentorship or supervision. This form is not meant to capture information about materials or supplies that are distributed to OVC, such as school supplies, food, etc. The form is designed to record the extent to which a program remains in contact with providers and attempts to identify and address issues faced by service providers in their service delivery environment. The information from this form allows program managers to understand the amount of support necessary to assist service providers on a daily basis, beyond training and workshops.

Data source: The type of support provided to service providers is the source of information.

Who prepares this form: This form should be completed by a program officer or M&E officer at the program management level who provides support to service providers.

Below are instructions for completing specific items on the form (figure 63).

Name of the support provider: Write the name of the person who is providing support to the service provider.

Province and District: Write the name of the province and district where the support provider is active.

Period From: ____ To ____: Write the reporting period, as defined by the program.

Date: In the first column of the form's table, write the date of the support provided.

Name of Support Recipient: Write the full name of the support recipient (i.e., the service provider who received support from the program).

A: Type of Support Provided: "Material" and "#" refer to material support, such as a bicycle to visit OVC or bags, notebooks, pens, etc., to record information. Write the specific material in this "Material" column and the number of materials provided in the "#" column. "Monetary"

support can include transportation fees, and "Mentorship/Supervision" refers to supervisory visits, on-the job training, regular communication about work, etc. For theses categories, use a check mark in the appropriate box to indicate that type of support was provided.

B: Type of Provider: Place a check mark in the appropriate box to indicate the type of service provider who received support from the program.

Signature: If the support is material or monetary, the service recipient needs to sign this section to ensure the accountability of the program.

Comments and Remarks: Use this space to note problems and issues encountered during the reporting period. This is an important channel of communication between direct service providers and supervisors, allowing for richer information exchange than would be possible from the numbers alone.

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Support Summary Form (Form OVC_9)

For Local Adaptation

Name of the support provider : _____ Province: _____ District: _____

Period From: _____ To: _____

		A: Type of Support Provided				B: Type of Provider				
Date	Name of Support Recipient	Material	(#)	Monetary	Mentorship/ Supervision	Caregiver	Volunteer	Teacher	Community Leader	Signature
Total										

Comments and Remarks

Figure 63. Support Summary Form (Form OVC_9).

OVC Enrollment Summary Sheet (Form OVC_10)

Purpose of the form: This form is designed to summarize the number of OVC newly enrolled, lost to follow up and currently enrolled in the program during the reporting period. This information allows the program to balance service demand with resource availability. One OVC Enrollment Summary Sheet (Form OVC_10) is allocated for one service provider per reporting period to summarize the enrollment status in their catchment area.

Data sources: This form uses information from OVC Enrollment Form (Form OVC_1)s from the current reporting period, the OVC Enrollment Summary Sheet (Form OVC_10) compiled during the previous reporting period, and the OVC Service Provider Report (Form OVC_6).

Who prepares this form: The same person who prepares the OVC Enrollment Form (Form OVC_1)s should compile this form. Depending on the program, this person could be a service provider, program officer, or M&E officer at the program level.

Below are instructions for completing specific items on the form (figure 64).

Province and District: Write the name of the province and district where the person preparing this document is active.

Prepared By: Write the full name (e.g., first, middle, and last names) of the person filling this document.

Reporting Period: From: ___ To: ____: Write the reporting period defined by the program.

(1) Enrolled from the previous reporting period: Look at the OVC enrollment summary sheet from the previous reporting period and transfer the number of "currently enrolled OVC" totals, by age and gender, from line 4 of the enrollment sheets to line 1 of the Enrollment Summary Sheet (Form OVC_10). This is the number of OVC who were enrolled at the beginning of the current reporting period. It is important to remember that this number is not a cumulative number of OVC ever enrolled.

Community-Level Program Information Reporting for HIV/AIDS Programs — Forms for OVC Programs

OVC Enrollment Summary Sheet (Form OVC_10)

For Local Adaptation

Province: _____ District: _____

Prepared By: _____

Reporting Period: From _____ To _____

Age -->		<2	2-4	5-11	12-17	Total
	Female					
	Male					
(1) Enrolled from the previous reporting period	**Total**					
	Female					
	Male					
(2) Newly enrolled OVC	**Total**					
	Female					
	Male					
(3) Lost to follow up OVC	**Total**					
	Female					
	Male					
(4) Currently enrolled OVC = (1)+(2)-(3)	**Total**					
Comments and Remarks						

Figure 64. OVC Enrollment Summary Report (Form OVC_10).

(2) Newly enrolled OVC: Review all the OVC Enrollment Form (Form OVC_1)s completed during the current reporting period and look at line 14, "OVC enrolled in the program." Count the total number of forms with "yes" indicated under this section and transfer the total number into the OVC Enrollment Summary Sheet (Form OVC_10) under the appropriate age and gender categories. Write the total number of newly enrolled OVC in each "total" column.

3) Lost to follow up OVC: Review the OVC Service Provider Report (Form OVC_6) from this reporting period and transfer the number of OVC lost to follow up (Section B: Lost to follow up) during this reporting period into this field.

4) Currently enrolled OVC = (1) + (2) - (3): This is calculated by adding the number of OVC enrolled from the previous reporting period (on line 1) to the number of newly enrolled OVC (line 2), then subtracting the number of lost to follow up (line 3).

Comments and Remarks: Use this section of the form to note problems or issues encountered during the reporting period. This is an important channel of communication between direct service providers and supervisors, allowing a richer information exchange of information than from the numbers on the summary sheet alone.

Supply Stock Management Form (Form OVC_11)

Purpose of the form: This form is designed to summarize stock levels of supplies for the program management level. One form should be filled out per reporting period. By monitoring the availability and amounts of key products, the program will be better equipped to maintain appropriate levels of stock on hand. This form does not collect information on the number of OVC who received supplies. Instead, it captures the total amount of supplies distributed to clients. Information from this form can be used during supervisory visits to cross-match information from the OVC Register (Form OVC_3), to make sure that services reported are actually being provided to OVC.

Data source: Supply Summary Sheet (Form OVC_5).

Who prepares this form: The person responsible for stock management at the program management level should prepare this form.

Below are instructions for completing specific items on the form (figure 65).

Report Prepared By: Write the name of the person who prepared the form, which is typically the person responsible for managing supplies.

Reporting Period From: ____ To: ____: Write the reporting period, as defined by your program.

Dates: This form has five lines, each requiring dates. For line "(1) Amount at Beginning of Period," write the first day of the reporting period as the date (the opening balance of stock); and for line "(4) Amount at End of Period," use the last day of the reporting period. For lines (2) and (3), write the dates for which each specific item being listed was produced, received,

or distributed. Since supply production or distribution typically takes place more than once during the reporting period, space is allocated to allow for several entries on different dates for lines (2) and (3). Do not enter a date for line (5), since these figures typically involve multiple dates from different service providers.

1) Amount at Beginning of Period: As mentioned above, write the first day of the reporting period as the date, then write the amount of each item on hand at the beginning of the current reporting period (this figure comes from the ending balance on the form from the previous reporting period). For this and all items on this form, it is important to state the unit of measurement (for example, "kg" for weight, "#" for number, etc.).

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Supply Stock Management Form (OVC_11)

For Local Adaptation

Report Prepared By: _____

Reporting Period From: _____ To: _____

	Dates	Supply					IEC			
		School Uniforms	School Materials	School Fee	Food	Other (Specify)	Posters	Pamphlets	Newsletters	Other (Specify)
(1) Amount at Beginning of Period										
(2) Amount Produced/ Received										
	Total									
(3) Amount Distributed to Service Providers										
	Total									
(4) Amount at End of Period = (1) + (2) - (3)										
(5) Amount Distributed to Clients										

Comments and Remarks

Figure 65. Supply Stock Management Form (Form OVC_11).

2) Amount Produced/Received: If the items were produced by the program at the level of the person filling out the form (e.g., IEC materials), write the total amount of such items produced. If the supplies were produced by others and given to the program at the level of the person filling out the form, write the total amount of supplies received.

3) Amount Distributed to Service Providers: Write the total amount of supplies distributed from the program to service providers during the reporting period (this does not necessarily correspond to the number of supplies distributed to clients).

4) Amount at End of Period = (1) + (2) - (3): Write the amount of each item on hand at the end of the current reporting period. This figure should equal the amount at beginning of period plus the amount produced or received of each item, minues the amount distributed to service providers during the period (i.e., line 1 plus line 2, minus line 3). This number then becomes the "Amount at Beginning of Period" for each item for the next reporting period. The date for this line is the end of the reporting period.

5) Amount Distributed to Clients: Write the total amount of supplies distributed from service providers to clients. The source of this information is the Supply Summary Sheet (Form OVC_5)s collected at the direct service provider's level. It is important to state the unit of measurement ("kg" for weight, "#" for number, etc). This line does not need a date.

Comments and Remarks: Use this space to note problems and issues encountered during the reporting period. This is an important channel of communication between direct service providers and supervisors, allowing for richer information exchange than would be possible from the numbers alone.

Signature and Date: At the end of each reporting period, the individual who is responsible for completing this form must review the accuracy and completeness of this report, the sign and date the the document before submitting it to his or her supervisor. The date refers to when the completed report was submitted.

Signature of Supervisor/Date: The supervisor of the individual who completed this form should review the accuracy and completeness of the report, then sign and date the document. Results of the report should be analyzed and discussed by the person who prepared the report and his or her supervisor. The date refers to when the report was received by supervisor. The individual responsible for completing this form should keep a copy for his or her records.

Periodic Summary Report (Form OVC_12)

Purpose of the form: This reporting form is designed to consolidate information from other OVC forms and registers used during a given reporting period. The Periodic Summary Report (Form OVC_12) aggregates information submitted by individual service providers, providing a summary of activities and achievements that enables a program to make evidence-based decisions. The report also fulfills the reporting needs of a program to higher levels.

Data sources: In addition to information known by service providers and program managers, the following forms are needed to complete this report:

- ❒ OVC Enrollment Summary Sheet (Form OVC_1)
- ❒ Child Status Index (Form OVC_2)
- ❒ OVC Service Provider Report (Form OVC_6)
- ❒ Training Record Form (Form OVC_8)
- ❒ Support Summary Form (Form OVC_9)
- ❒ Supply Stock Management Form (Form OVC_11)

Who prepares this form: A program officer or M&E officer at the program management level should be responsible for preparing the report.

Below are instructions for completing specific items on the first page of the form (figure 66).

Name of Organization: Write the name of the organization or program.

Reporting Period: From ___ To ___: Write the reporting period, as defined by your program.

The form has two sections for reporting. Section A addresses a program's indicators, which can be modified to each program's needs (in the example, 12 indicators are listed). Section B provides a narrative section to summarize issues, achievements, challenges, and recommendations.

1) Number of OVC enrolled in a program: For this indicator, review the OVC Enrollment Summary Sheet (Form OVC_10) and transfer the number of newly enrolled OVC, by age ranges and gender, in the relevant spaces in the "Newly enrolled" section. Calculate the totals for both columns and rows and enter where indicated. Do likewise for "Total currently enrolled," again using the summary sheet. Currently enrolled OVC include those OVC who were newly enrolled during the reporting period.

2) Number of OVC lost to follow-up: Review the OVC Service Provider Report (Form OVC_6)s collected from all the service providers. Look at the section "Reason for Leaving" and transfer the total number of OVC lost to follow up, by reason and gender, into this section.

3) Number of OVC served: For "3.1 By Age," review the Child Status Index (Form OVC_2)s under "Type of services or resources provided" to determine whether OVC received at least one service from your program. The information should be recorded in this section, by age range and gender.

If a child received services from another program during the reporting period, but not your program, the child should not be counted in this section. (Note: Under PEPFAR, the total number of individuals receiving care and support is calculated by adding the number of OVC served by an OVC program and the total number of individuals receiving home-based care services. If a program provides both OVC service and home-based care service in the same geographical area, it is important not to double-count those OVC receiving care and support through one OVC program, as well as being served by a home-based care program. CLPIR recommends that such a program can avoid double-counting by reporting "number of patients" 18 years old or older who received HBC service and number of "OVC younger than 18 years old" who were served by an OVC program.)

Ideally, the number of OVC served generated through Child Status Index (Form OVC_2)s and OVC Service Provider Report (Form OVC_6)s should be close to each other. If those two numbers do not fall within the acceptable range, a program manager should check the accuracy and consistency of the reported information.

Under "3.2) By number of services provided," review the Child Status Index (Form OVC_2)s under "Type of services or resources provided" and determine whether OVC received either one or two services under the six core groups, or three or more such services. In order to be counted under this section, a child must have received from your program at least one service under the six core groups of services.

If a child received services during the reporting period from another program but not your own, the child should not be counted for this section. Also, be aware that the "livelihood support" service listed within the Child Status Index (Form OVC_2) does not fall into any of the six PEPFAR core groups of services. Consequently, this service should not be included for this indicator and should be disregarded.

Community-Level Program Information Reporting for HIV/AIDS Programs — Forms for OVC Programs

Periodic Summary Report (Form OVC_12)

For Local Adaptation

Name of Organization: _____ Reporting Period: From _____ To _____

Section A: List of indicators

Indicators	Achieved						
1) Number of OVC enrolled in a program	1.1) By Age						
			<2	2-4	5-11	12-17	Total
	Newly enrolled	M					
		F					
		Total					
	Total currently enrolled	M					
		F					
		Total					
2) Number of OVC lost to follow up	2.1) By Reason						
			Drop Out	Dead	Migrated	Unknown	No longer classified as OVC
	M						
	F						
	Total						
3) Number of OVC served	3.1) By Age						
			<2	2-4	5-11	12-17	Total
	M						
	F						
	Total						
	3.2) By number of services provided						
			1 or 2	At least 3	Total		
	M						
	F						
	Total						
4) Number of OVC provided with service(s)	4.1) By Type of Service (***An OVC can receive support in more than one area)						
			Food/Nutrition	Education	Health	Psychosocial	Shelter
	M						
	F						
	Total						
	4.2) Food and Nutritional Supplementation						
	M						
	F						
	Total						
5) Number of OVC referred for other services	5.1) By Type of Services (***An OVC can be referred to services in more than one area)						
			HBC	ABY	VCT	Other (Specify)	
	M						
	F						
	Total						
6) Number of OVC visited by staff/volunteer at least once in a given period	6.1) By Gender						
	M						
	F						
	Total						

Figure 66. First page of Periodic Summary Report (Form OVC_12).

4) Number of OVC provided with service(s): For "4.1) By Type of Service," review all of the OVC Service Provider Report (Form OVC_6)s collected from providers during the reporting period and sum the number of "C: Type of service provided to OVC," then transfer the information, by type of services and gender, onto this section of the summary report form. Since the same OVC can receive support in more than one service area, OVC should not be summed across different service types. Instead, the figures in each column should be added to get the total number of OVC provided with each service type. Consequently, the form only provides a "total" row for the services columns.

For "4.2) Food and Nutritional Supplementation," review the OVC service provider reports collected from all the service providers during this reporting period and sum the number of "C: Type of service provided to OVC: Food/Nutritional Supplementation," then transfer the information under appropriate gender boxes on the summary report form.

5) Number of OVC referred to other services: Review all of the OVC Service Provider Report (Form OVC_6)s collected from the service providers during the reporting period and sum the number of "referrals" under "B: Type of service provided to OVC," then transfer the information to the appropriate service type and gender boxes on the summary report. Since the same child can receive referral services in more than one service area, OVC should not be summed across different service types; but the figures in each column should be added to get the total number of OVC referred for specific referral services.

6) Number of OVC visited by staff/volunteer at least once in a given period: Review the OVC Service Provider Report (Form OVC_6)s collected from service providers and sum the number of follow-up visits under "C: Type of service provided to OVC," then transfer the information into appropriate gender boxes on the summary report form.

The list of indicators continues on the second page of the report, shown in figure 67.

7) Number of providers/caregivers trained in caring for orphans and vulnerable children: For "7.1) Number trained," review all the Training Record Form (Form OVC_8)s collected from the service providers during the reporting period and look at the last column "Have you received any of the listed training since ( )?". Count only those participants who have not received any training since the beginning of the reporting period, and transfer the information to this form. This generates the number of providers and caregivers trained during thes reporting period without double-counting then.

For "7.2) By Type of Training," review all of the Training Record Form (Form OVC_8)s collected from the service providers during the reporting period and look at the column "Have you received a training on the same topic since ( )?". Count only those participants who have not received a training on the same topic since the beginning of the reporting period, and transfer the information to the appropriate topic and gender box allocated in this form. Both column and row totals must be written.

This generates the number of providers and caregivers trained in specific topics during this reporting period, without double-counting. Since the same individual can be trained in more

than one topic, it is important not to sum the number of trained individuals across different topics on the summary report to calculate total number of individual trained (consequently, the form does not provide a "total" column for this).

8) Number of providers/caregivers supported to provide care to OVC: Review all of the Support Summary Form (OVC_9)s collected from the service providers during the reporting period and sum the number of individuals who received support from the program by type of support. Transfer this information into the corresponding type of support boxes on the form. Since the same individual can be supported in more than one support area, it is important not to double-count by summing the number of individual across different support types; consequently, there is no "total" column for this section.

9) Number of service providers who have stopped their involvement with the program: None of the other CLPIR data collection forms collect this information. Program managers or supervisors can fill out this information directly onto the summary report based on program records and their working knowledge of providers who are supported through the program.

10) Number of mobilization meetings held: Like indicator 9, none of the other CLPIR forms collect this information. Program managers or supervisors can fill out this information directly onto the summary report based on program records and their own knowledge of mobilization activities supported through the program.

Indicator		Achieved					
7) Number of providers/caregivers trained in caring for orphans and vulnerable children	7.1) Number trained						
	7.2) By Type of Training (***An individual can be trained in more than one area)						
		Food/Nutrition	Education	Health	Psychosocial	Shelter	Protection
	M						
	F						
	Total						
8) Number of providers/caregivers supported to provide care to OVC	8.1) By Type of Support (***An individual can receive service in more than one area)						
		Material	Monetary	Mentorship	Social	Other (Specify)	
	Number of Individuals Supported						
9) Number of service providers who have stopped their involvement with the program	9.1) By Type of Provider						
		Paid		Unpaid		Total	
	Number of Service Providers						
10) Number of mobilization meetings held	10.1) Type of Meeting						
		Community	Leader	School	Other (Specify)	Total	
	Number of Meetings						
11) Number of community leaders supported to promote care and support for OVC	11.1) By Type of Leaders						
		Religious	Community	Political	Other (Specify)	Total	
	Number of Leaders						
12) Number of IEC materials received/produced or distributed	12.1) By Type of material						
		Poster	Pamphlet	Newsletter	Other (Specify)	Total	
	Produced/Received						
	Distributed to clients						
13) Any other indicators identified by program							
14) Any other indicators identified by program							

Section B: Narrative

1) Major issues raised
2) Achievements and success stories
3) Challenges and lessons learned
4) Recommendations

Date of submission:

Prepared by: _____

Signature:

Figure 67. Second page of Periodic Summary Report (OVC_12).

11) Number of community leaders supported to promote care and support for OVC: Review the Support Summary Form (Form OVC_9)s under "B: Type of Provider," and count the number of community leaders who received support from the program during the reporting period, then transfer the number to this section of the form.

12) Number of IEC materials received/produced or distributed: Review the Supply Stock Management Form (Form OVC_11) completed during the reporting period and transfer the totals for "amount received to service providers" and "amount distributed to clients" to the corresponding type of IEC listed in this form. (Note: This indicator does not count the number of individuals who received IEC materials.)

Lines 13 and 14 are blank. Any other indicators identified by a program could be added on these lines.

Section B: Narrative: For "1) Major issues raised," use this space to note any issues encountered during the reporting period. This is an important channel of communication between direct service providers and program officers at all levels of the organization. For "2) Achievements and success stories," note any significant achievements or success stories that cannot be captured through quantitative information. For "3) Challenges and lessons learned," discuss any challenges or lessons learned during the reporting period. These challenges and lessons can be shared within an organization to build organizational capacity. Under "4) Recommendations," bring up any recommendations that need particular attention at the program level. This is an important channel of communication between frontline service providers and the program officers at all levels of the organization.

Date of Submission, Prepared By, and Signature: At the end of each reporting period, the person who completed this report should review the accuracy and completeness of the report and sign the document before submitting the report to his or her supervisor. Write the date on which the report was submitted.

Indicator Reference Sheets for OVC Programs

For The following are reference sheets for the 12 illustrative indicators for OVC programs, listed in table 3, pages 103-105. For each indicator, the following details are provided:

- **Disaggregations:** Each indicator can be further disaggregated by data elements such as age, gender, type of program, etc. The most meaningful types of disaggregation, as well as some examples, are provided.
- **Rationale:** The rationale for choosing each indicator is described here.
- **Definitions:** Detailed definitions for relevant terms are provided.
- **Unit of measurement**
- **Data sources:** This section describes the data collection forms (from the previous section) that are used to collect each indicator.
- **Known data limitations and significance:** Data limitations for each indicator are provided so that the user is fully aware of the advantages, as well as the limitations, associated with the indicator.
- **Examples of data use:** Practical examples of data use are provided for each indicator. Through these examples, ways to transform data into information, and the way to link the indicator and service provision, are demonstrated.

Indicator 1. Number of Orphans and Vulnerable Children Enrolled in a Program

Disaggregations: Age, gender, newly enrolled, and currently enrolled OVC.

Rationale: This indicator measures the number of OVC identified in the community and registered into the program, and expected to receive services from the program. This indicator helps programs to calculate the proportion of OVC enrolled in the program among OVC in their catchment area, and it also allows programs to balance service demand with resources available.

Definitions:

Newly enrolled In reporting, this refers to OVC admitted into the program for the first time during the reporting period (each program defines its reporting period).

OVC enrolled This is defined as those children who are qualified to receive services from a program, were registered through an initial registration process, and are expecting to receive or are already receiving services from a program. This number represents the number of OVC currently enrolled in a program (it is not a cumulative number of ever-enrolled OVC). It does not include those OVC who have dropped out of a program. Also,

"enrolled" in a program does not necessarily mean OVC are currently or regularly receiving services from a program.

Program This is defined as an organized set of OVC activities providing support to improve the lives of children and families directly affected by AIDS-related morbidity or mortality. The emphasis is on strengthening communities to meet the needs of orphans and vulnerable children affected by HIV/AIDS, supporting community based responses, helping children and adolescents meet their own needs, and creating a supportive social environment.

Unit of measurement: Number of OVC enrolled in a program is the unit of measurement.

Data source: OVC Enrollment Summary Sheet (Form OVC_10).

Known data limitations and significance:

- This indicator does not measure whether services are actually provided to OVC, nor the frequency of services provided to OVC.
- This indicator does not measure the degree of vulnerability, nor does it measure the type of services needed by OVC.

Examples of how indicator 1 might be used:

How many OVC are currently enrolled in our program? If there is any target, are we achieving our target for this reporting period? Comparing from the previous reporting periods are we expanding our program by reaching new OVC? Are we successful keeping the same OVC in the program from the previous reporting period?

Set a program target as well as target number for each reporting period, and measure how the performance changes over time (figure 68, left chart). Based on the information provided by this indicator, discuss possible strategy to reach the target population.

On the next page, figure 68, top chart, compares total enrollment and newly enrolled by period and with a program's target for enrollment.

How is the target population of my program defined – by individual characteristics (e.g., age, gender) and/or geographical area? What are the characteristics of these OVC currently enrolled in our program (age, gender)? Are we successful for keeping an appropriate gender balance?

Figure 68 shows characteristics of a program's enrolled OVC, by gender (bottom chart, left) and by age group (bottom chart, right).

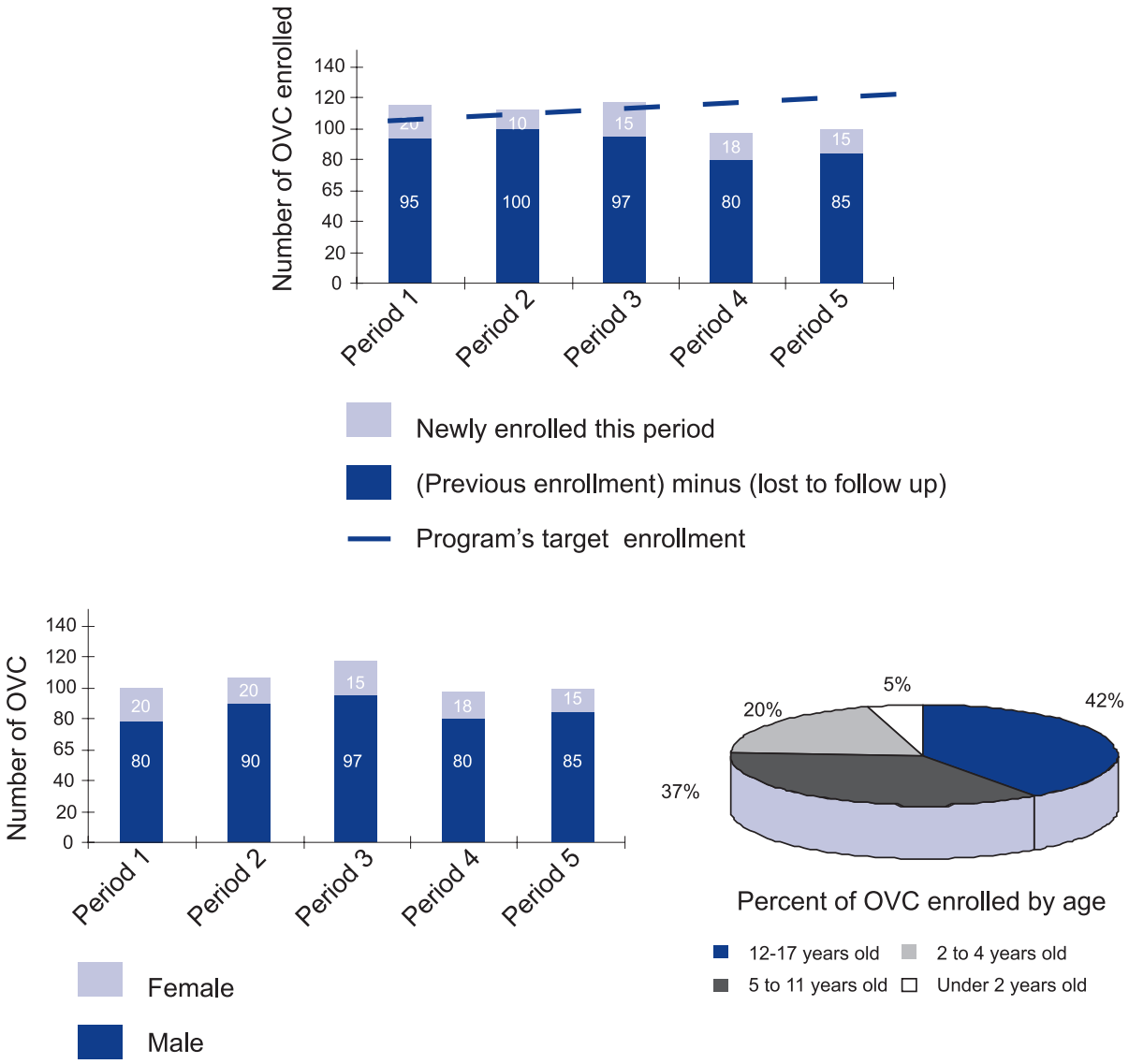


Figure 68. Examples of using indicator 1 data.

How many OVC are in my catchment area? What is the proportion of those OVC enrolled in our program? Are there organizations providing similar services to OVC in the same catchment area? How many OVC have we reached so far and how many more do we need to reach? Do we have a plan and specific target for each reporting period to achieve the goal?

In order to estimate a program's coverage, obtain an estimated population in the target catchment area by conducting a survey, using existing survey or census data, or applying national figures. Then use this

formula shows how to calculate the estimated proportion being served:

$$\frac{\text{Total number of OVC enrolled in the given period (indicator 1)}}{\text{Estimated number of OVC in target area (survey, census, etc.)}} \times 100 = \text{Proportion (percentage) of OVC reached by a program}$$

Figure 69 (top chart) shows the proportion of estimated OVC in a program's catchment area that are being served by the program, by period, compared with the program's target goal.

Note: Because a program expands gradually, this indicator provides program coverage information rather than service coverage. A program can use indicator 3 to determine the service coverage (number of OVC served).

Is there any geographical disparity across different villages? Which village is under-performing? What are the possible reasons for such disparity?

Figure 69 (right chart) shows the proportion of OVC served by village.

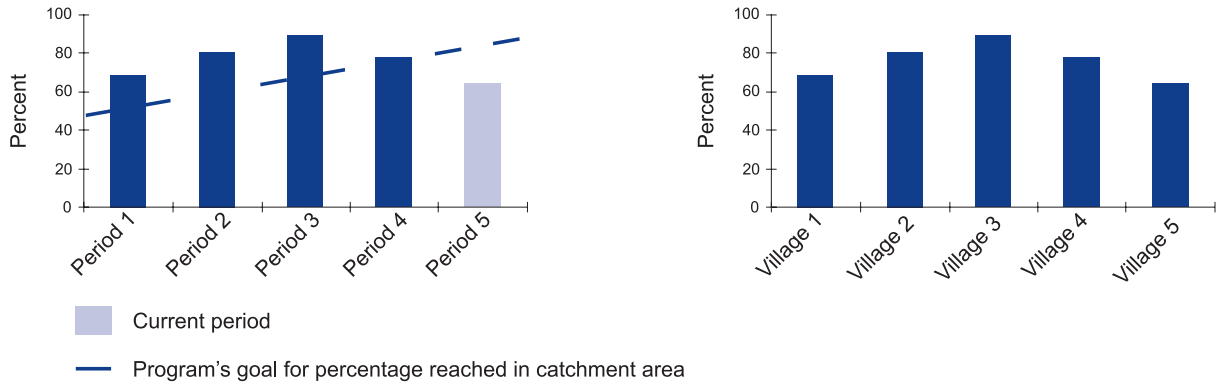


Figure 69. Examples of using indicator 1 data, showing proportion of estimated OVC served by period and by villages.

Indicator 2. Number of Orphans and Vulnerable Children Lost to Follow Up

Disaggregations: Age, gender, and reason (no longer classified as OVC, died, migrated, dropped out, unknown, etc.).

Rationale: This indicator is necessary to measure the dropout rate of OVC in a program. This is an indirect measure of quality of a program and to assess if there is adequate continuity of care for OVC in a program. This indicator also helps program to maintain accurate number of OVC enrolled.

Definition:

Lost to follow up This is defined as a status in which a program no longer has a contact with an orphaned or vulnerable child to provide continuous care and support, while services are available. Lost to follow up includes: dropout, dead, migrated, no longer in need of services, no longer classified as OVC, and unknown. The minimum period of contact loss necessary to declare "lost to follow up" should be defined by each program. The appropriate minimum period of contact loss will be influenced by the type of intervention, the recommended frequency contact with the OVC and other program-specific factors.

Unit of measurement: Number of OVC lost to follow up is the unit of measurement.

Data source: OVC Service Provider Report (Form OVC_6)

Known data limitations and significance: Obtaining the reason for lost to follow up can be difficult, and accuracy of the information is unknown.

Examples of how indicator 2 might be used:

What is the dropout rate of OVC in our program in this reporting period? Compared with previous reporting periods, what kind of trend do we see?

This forumula can be used to determine the rate:

$$\frac{\text{Total number of OVC (dropped out) + (unknown) in this reporting period (indicator 2)}}{\text{Total number of OVC enrolled during previous period + total number of OVC newly enrolled during this period}} \times 100 = \text{Proportion (percentage) of OVC dropout rate}$$

Note: Often, the reason for lost to follow up is unknown. Not including unknown in the rate calculation might produce misleading results. Consequently, CLPIR recommends including "unknown" in this calculation formula. This formula should be adapted to meet the program needs.

What is the major reason of lost to follow up? Which OVC are leaving our program (by age and gender)? Based on the information provided through this indicator, discuss possible solutions.

Figure 70 (next page) shows reasons for lost to follow up, by period (left), and breakdown by gender (right).

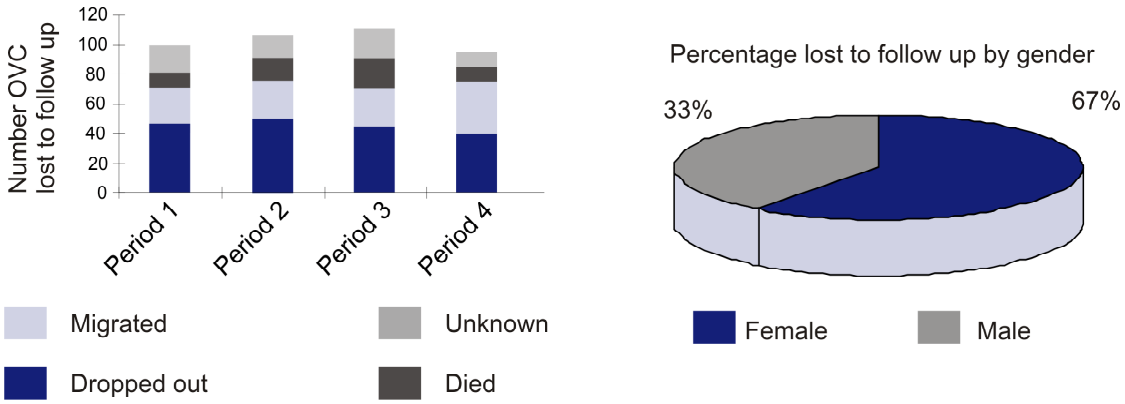


Figure 70. Reasons for lost to follow up (left), and percentages by gender (right).

Indicator 3. Number of Orphans and Vulnerable Children Served

Disaggregations: Age, gender, OVC served with one or two services, and OVC served with three or more services.

Rationale: This indicator measures the number of OVC served by the program and those who received at least three services of the six core groups of services to meet his or her needs. It also measures whether the program is coordinating with other service providers in the community to ensure the well-being of OVC.

Definitions:

Service

This is defined by PEPFAR as services under the six core groups (food/nutrition, shelter and care, protection and legal aid, health care, psychosocial support, and education support). Economic strengthening should be evaluated according to its benefit to these six groups of services. In order to be counted in this indicator, a child must receive at least one service from the program reporting on this indicator. If the child meets this criterion, even if other services are being provided to the child through other organizations or the same organization funded by different donor, the program providing the services and monitoring the child must be tracking these to ensure the child is actually receiving all the services he or she needs, regardless of the service provider or donor. The extent of services a child receives in order to be counted in this indicator is to be determined by each program. If a child receives the same type of service multiple times during the reporting period, the child should be counted only once under each type of service (the

program should not double-count individuals within a program area). An individual can be counted in each separate program area, such as a child who is served by an OVC program, ART facility, and prevention program.

Supplemental direct support This counts OVC who are periodically monitored in all six core areas and who are receiving downstream support in one or two areas, in the relevant reporting period, that are appropriate for that child's needs and context.

Primary direct support This counts OVC who are periodically monitored in all six core areas and who are receiving downstream support in three or more areas, in the relevant reporting period, that are appropriate for that child's needs and context.

Units of measurement: Number of OVC who received one or two services (supplemental support), and number who receive three or more services from the six core groups of services (primary support) are the units of measure.

Data source: Child Status Index (Form OVC_2).

Known data limitations and significance:

- Since this indicator includes services provided through other programs or organizations to the same child, there is a possibility of double-counting across different programs active in the same geographical location.
- This indicator can be affected by the availability of services provided by other service providers.
- This indicator depends on OVC and their caregivers accurately remembering services provided by other organizations during the most recent reporting period.
- The Child Status Index tool used to capture this information is sometimes applied infrequently, at intervals that are less regular than the standard reporting period used by a program.
- This indicator does not capture the quality of services. Such an indicator would require more in-depth evaluation efforts, such as a survey.
- This indicator does not measure whether the service is matching the needs of the child.
- This indicator does not consider the fact that not all OVC need at least three services during every reporting period.
- There are varieties of services under OVC programs. Some services need more extensive service provision than others, and some services are more needed by OVC than others. Treating all services equally under this indicator might lead to misinterpretation of the results.

- The impact of services on the children served is not captured through routine program indicators.

Examples of how indicator 3 might be used:

What is the estimated number of OVC in my catchment area? What proportion of these OVC was served by my program in this reporting period? Do we have a clear plan and specific target for each reporting period to achieve the overall program goal?

The following formula can be used to determine the proportion of OVC being served. Figure 71, top left, illustrates percentages over periods, according to supplemental and primary support.

$$\frac{\text{Total number of OVC who received at least one service in this reporting period (indicator 3)}}{\text{Estimated number of OVC in the target geographical area (from survey, census, or estimate)}} \times 100 = \text{Proportion (percentage) of OVC receiving at least one service from the program}$$

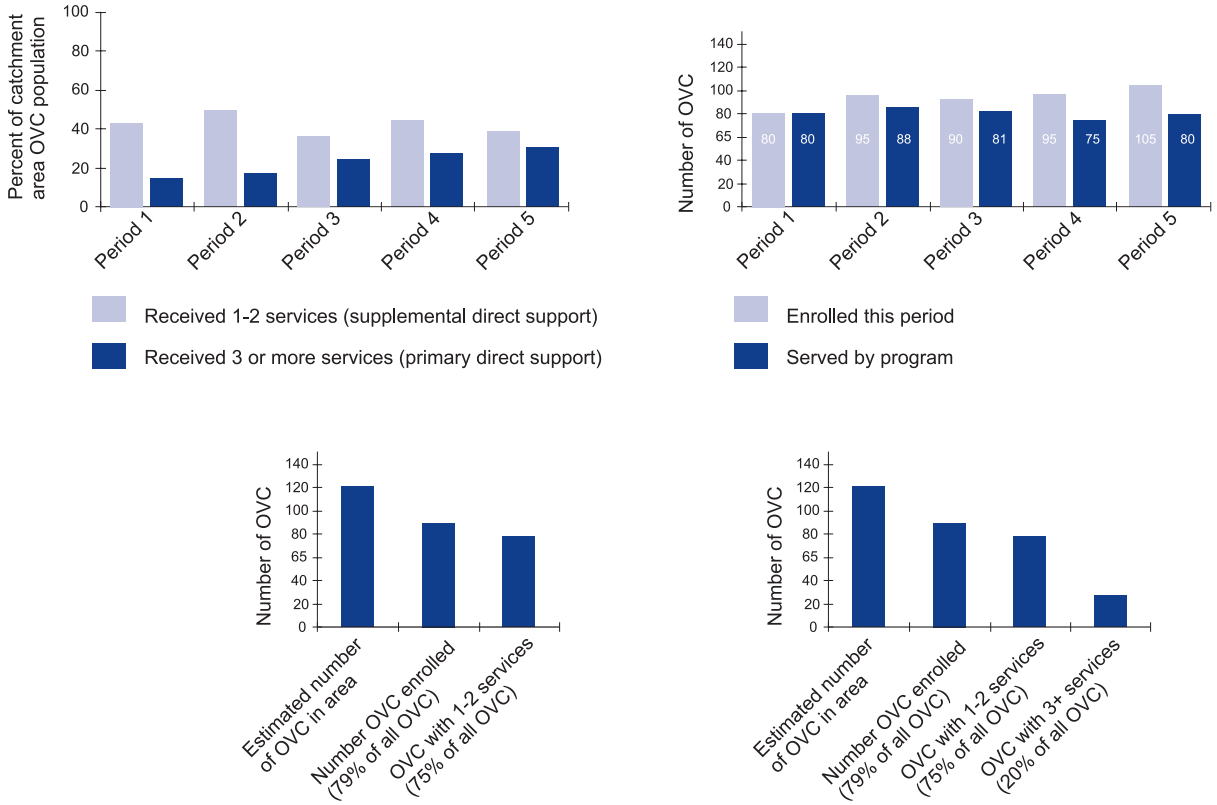


Figure 71. Examples of using indicator 3 data.

Among all the OVC enrolled in my program, how many and what proportion of OVC were served through my program in this reporting period?

The following formula can be used to determine the proportion of OVC being served by a program:

$$\frac{\text{Total number of OVC who received at least one service in six core groups in this reporting period (indicator 3)}}{\text{Total number of OVC enrolled in a program (indicator 1)}} \times 100 = \text{Proportion (percentage) of OVC served by a program}$$

Figure 71, top right (previous page), illustrates percentages of those enrolled compared with those who were served over periods, and bottom left compares OVC in a catchment area receiving one or two services with enrollment and the estimated number of OVC in the area.

What component services make up the minimum acceptable package of my program service? Are we providing a minimum package? What proportion of OVC is receiving at least three of the six core services? Do we have a clear plan and specific target for each reporting period to achieve the overall program goal?

The following formula can be used to determine the proportion of OVC being served by three servcies:

$$\frac{\text{Total number of OVC who received at least three service in six core groups in this reporting period (indicator 3)}}{\text{Total number of OVC enrolled in a program (indicator 1)}} \times 100 = \text{Proportion (percentage) of OVC served by 3 or more services}$$

Figure 71, bottom right, shows percent of OVC receiving three or more services. (If some of the services are provided to the same OVC through other organizations, share this result and coordinate with others to ensure the well-being of OVC.)

Indicator 4. Number of Orphans and Vulnerable Children Served

Disaggregations: Gender, type of service, and food and nutritional supplementation.

Rationale: This indicator measures the number of OVC who received specific types of services offered through a program, to ensure that appropriate balance of types of services are available to OVC. This indicator differs from the indicator 3. Indicator 3 captures the total number of services provided to a child from all programs and is collected periodically. Indicator 4 measures the type of services directly provided by your program to a child on a routine basis.

Definitions:

Food and nutritional supplementation This is a subset of the food/nutrition core services group. PEPFAR

requests that this information be reported separately. Food and nutritional supplementation is defined as supplementary feeding to provide additional food to prevent clinical malnutrition or to treat mild-to-moderate malnutrition; therapeutic feeding to provide specialized foods to treat persons with severe malnutrition; micronutrient supplementation; and replacement feeding for infants. The extent of services a child receives in order to be counted in this indicator is to be determined by each program. If a child receives the same type of service multiple times during the reporting period, a child should be counted only once under each type of service. For example, a child who received health care support for three times during the same reporting period should be counted only once under "health care." This indicator cannot be summed across different types of services to come up with the total number of OVC served during the reporting period, since the same child would not be counted multiple times under different types of services.

Services This is defined by PEPFAR as services under the six core groups (food/nutrition, shelter and care, protection and legal aid, health care, psychosocial support, and education support). Economic strengthening should be evaluated according to its benefit to these six services.

Unit of measurement: Number of OVC provided with services.

Data source: OVC Service Provider Report (Form OVC_6).

Known data limitations and significance:

- This indicator can be affected by the availability of services provided by other service providers.
- This indicator cannot generate the total number of OVC provided with services in the reporting period, since same child can receive multiple services in the same reporting period.
- This indicator does not capture the quality of services provided to OVC. Such an indicator would require more in-depth evaluation efforts, such as a survey.
- This indicator does not capture if the service is matching with the needs of OVC.
- The impact of services on the children served is not captured through routine program indicators.

Examples of how indicator 4 might be used

How many OVC received specific type of services? Is there a difference in performance by type of service provided to OVC? Discuss possible reasons and solutions. If some of the services are provided through other organizations in the same geographical area, share this result and discuss possible solutions.

Figure 72 shows the number of OVC enrolled and number receiving six types of services.

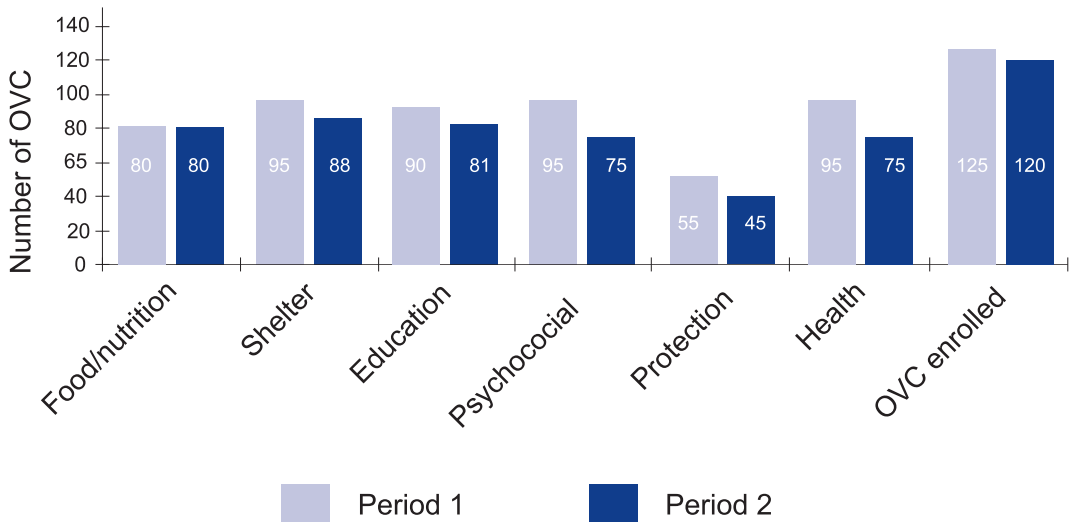


Figure 72. Example of using indicator 4 data.

Indicator 5. Number of Orphans and Vulnerable Children Referred for Other Services, by Type of Services

Disaggregations: Gender.

Rationale: This indicator measures the number of OVC who received referral services to ensure that the holistic needs of OVC are met, and that different programs supporting OVC in the community are coordinated.

Definitions:

Other service This is defined as any type of prevention/care/treatment service related to HIV/AIDS, reproductive health, or social services that is not provided through your own program.

Referral This is defined as a process of sending a client from one service delivery point to another, to meet the comprehensive needs of client. Referring a client does not necessarily mean service is actually provided to a client at the referred in site.

Type of service This includes those provided through home-based care programs, faith-based programs, reproductive health/family planning (including abstinence and being faithful programs for youth, and districbution of condoms and other appropriate contraceptives), ARV clinics, voluntary counseling and

testing clinics, etc. This should be adapted to meet program needs.

Unit of measurement: Number of OVC referred to other services is the unit of measurement.

Data source: OVC Service Provider Report (Form OVC_6)

Known data limitations and significance:

- This indicator does not capture whether the service at a referral site was actually delivered to a child being referred to the site.
- This indicator is affected by the availability of other service providers in the community.
- This indicator does not capture the quality of service, nor does it measure the impact of service on a child.

Examples of how indicator 5 might be used:

What kind of services are we referring the OVC for? Is there higher demand for certain types of services than others? Share this result and coordinate with other service providers to meet the holistic needs of OVC.

Figure 73 compares referral services, showing the number of OVC referred for certain types of services.

How do you know if the patient did receive the service from the site where he or she was being referred? What proportion of patients did receive the service?

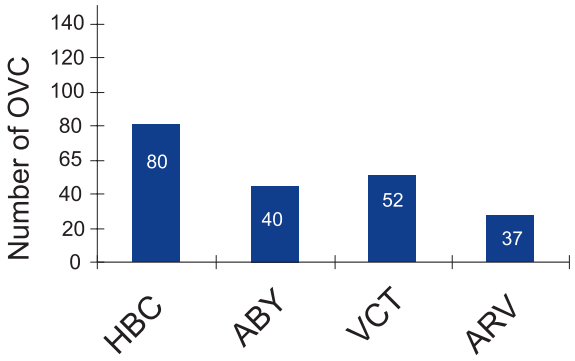


Figure 73. Comparing OVC referrals.

The following formula is used to calculate the proportion of patients who did receive the service. This is an important way of ensuring that the holistic needs of individuals are met and different service providers active in the communities are coordinated to provide continuous care to the patients.

$$\frac{\text{Total number of individuals referred for other services (indicator 2)}}{\text{Total number of individuals who received services (Form OVC\_4)}} \times 100 = \text{Proportion (percentage) of patients who received services.}$$

Indicator 6. Number of Orphans and Vulnerable Children Visited by Trained Staff or Volunteer at Least Once in a Given Period

Disaggregations: Gender.

Rationale: Regardless of the needs of OVC, it is important to visit each child regularly. By visiting OVC, interacting with family members, and observing the living condition of the OVC, service providers will be able to identify gaps and provide appropriate services. This indicator measures the extent to which the program is active in monitoring individual OVC needs.

Definitions:

Period The given period is defined by each program. A period could be once a month or once a regular reporting period. This period should be defined based on the number of OVC enrolled in the program and available staff.

Staff/volunteer This refers to a trained individual who has a defined task to carry out, to achieve objectives of the program. The individual might be paid or unpaid to carry out such an assignment.

Visited This is defined as interaction between a staff/volunteer member and a child in order to monitor the child's conditions, regardless of where the child is visited. OVC can be visited by staff or volunteers without receiving any services. If a home visit is made while the child is absent, such a visit should not be counted under this indicator, since there was no interaction between the staff/volunteer and the child.

Unit of measurement: Number of OVC visited is the unit of measurement.

Data source: OVC Service Provider Report (Form OVC_6).

Known data limitations and significance:

- ❒ This indicator does not measure whether the service was provided to a child during a visit.
- ❒ This indicator does not capture the type of observation that took place during a visit or whether appropriate action was taken after each observation.
- ❒ This indicator does not capture the outcome of the visit.

Examples of how indicator 6 might be used:

What percentage/number of OVC have we visited at least once during this reporting period? Are we visiting all the OVC regularly to ensure continuous care for OVC?

The following formula is used to calculate the proportion of OVC visted at least once:

$$\frac{\text{Total number of OVC visited at least once in given period (indicator 6)}}{\text{Total number of OVC enrolled in the program during the given period (indicator 1)}} \times 100 = \text{Proportion (percentage) of OVC visited at least once during the given period}$$

What are the relationships among the number of OVC enrolled in the program, number of OVC visited at least once, number of OVC who received one or two services, and number of OVC who received at least three services? What are the missing pieces of information? Discuss possible reasons and solution.

Figure 74 compares OVC visited at least once by number of services they receive, total enrollment, and estimated number of OVC within the service area.

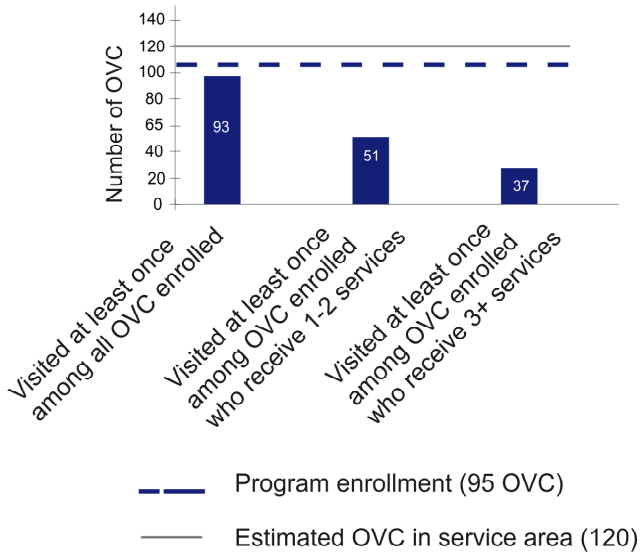


Figure 74. Comparing those visited by services, enrollment.

Indicator 7. Number of Providers/Caregivers Trained in Caring for Orphans and Vulnerable Children

Disaggregations: Gender, topic of training (counseling, care, community mobilization, etc.), and geographical distribution.

Rationale: This indicator measures the availability of trained staff to provide care to OVC. It also measures the contribution of the program to the community's capacity to respond to the needs of OVC. The ratio between individuals who received training and OVC can also be calculated.

Definitions:

Provider/caregiver This refers to anyone who ensures care for OVC, including those who provide, make referrals to, or oversee social services; and those who receive training on how to address the needs of OVC. This could include parents, guardians, other caregivers, extended family, neighbors, community leaders, police officers, or social workers; as well as national, district, or local social welfare ministry staff; and could include health care workers, teachers, or community workers.

Trained This refers to new training or retraining of individuals and assumes that training is conducted according to national or international standards, when they exist. Training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills, or competencies to be gained by participants. Only participants who complete a full training course (all sessions and all days) should be counted as trained.

Unit of measurement: Number of individuals trained is the unit of measurement.

Data source: Training Record Form (Form OVC_8).

Known data limitations and significance:

- This indicator does not capture the quality of the training, nor does it measure the outcomes of the training in terms of the competencies of individuals trained, or their job performance.
- This indicator does not capture whether trained individuals are actually providing services to OVC.
- This indicator does not measure the distribution of trained providers/caregivers to provide support for OVC.

Examples of how indicator 7 might be used:

How many individuals have we trained during this reporting period? What is the cumulative number of individuals ever trained and what is the trend over time?

Where are the trained providers or caregivers located? Are we making sure that trained individuals are distributed according to the needs?

How many individuals have we trained under each topic? Is there any balance of the number of trained staff across different topics? How is this graph related to the number of OVC served by type of service (Indicator 4)?

Who are we training (type of trainee, age and gender)? Are we making sure that different members of the communities are participating in the trainings? Are we considering the sustainability and ownership of the program? Based on the information, programs can discuss the future plans and possible solutions.

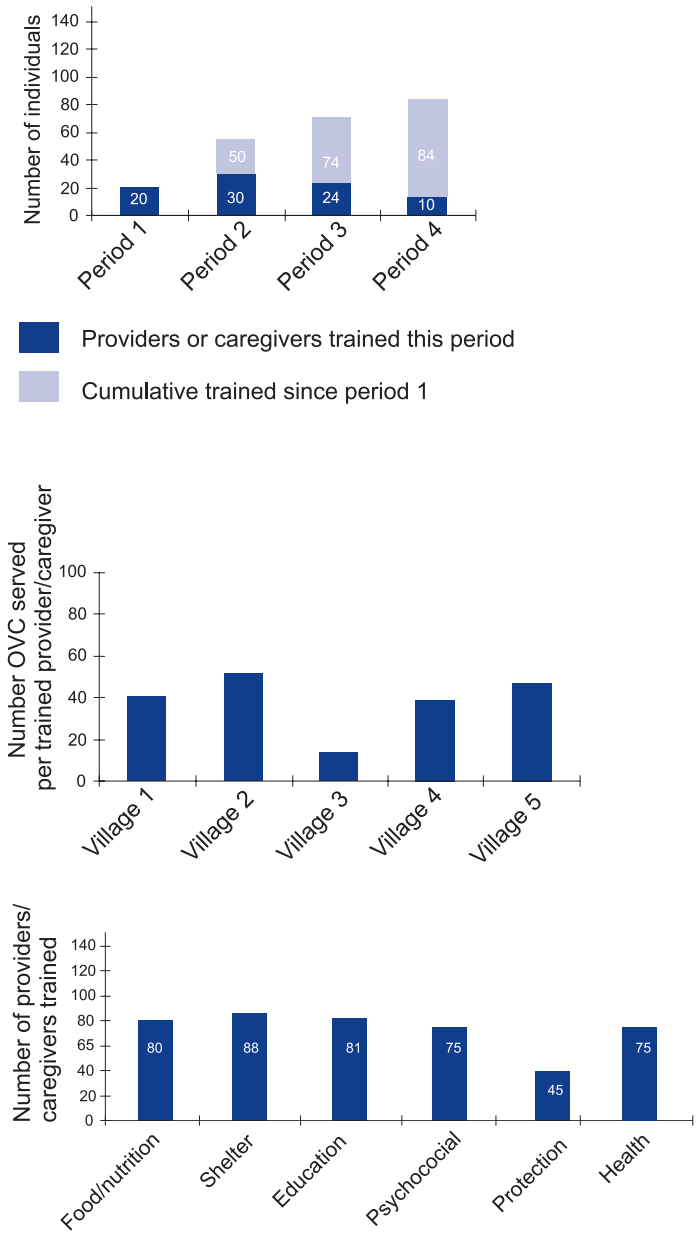


Figure 75. Examples of indicator 7 data use.

Figure 75 shows examples of using indicator 7 data to address some of the above examples: such as number of providers or caregivers trained by period and cumulatively (top); number of OVC served per trained provider or caregiver by village (middle); and number of providers or caregivers trained by topic (bottom).

Indicator 8. Number of Providers/Caregivers Supported to Provide Care for Orphans and Vulnerable Children

Disaggregations: Type of provider and type of support.

Rationale: This indicator reflects the extent to which a program remains in contact with individuals who are supported to provide care for OVC and attempts to identify and to address problems these individuals face in the service-delivery environment. This information allows program managers to understand better the amount of support necessary to assist service providers on a daily basis, beyond training or workshops.

Definitions:

Provider/caregiver This refers to anyone who ensures care for OVC, including those who provide, make referrals to, or oversee social services; and those who receive training on how to address the needs of OVC. This could include parents, guardians, other caregivers, extended family, neighbors, community leaders, police officers, or social workers; as well as national, district, or local social welfare ministry staff; and could include health care workers, teachers, or community workers.

Support This refer to any kind of assistance given by a program in response to the needs of individuals providing care to OVC within their service delivery environment, such as material or monetary support, or mentorship or supervision. Since the same service provider or caregiver can be supported by multiple types of services during the same reporting period, it is important NOT to sum the number of service providers and caregivers across different types of support services.

Unit of measurement: Number of providers or caregivers supported to provide care for OVC is the unit of measurement.

Data source: Support Summary Form (Form OVC_9).

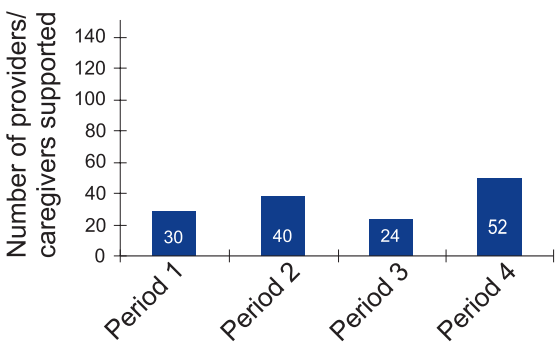
Known data limitations and significance:

- This indicator does not capture quality of the support provided, nor does it measure the outcomes of the support.
- There is a possibility of double-counting. If an individual receives the same type of support more than once, one individual could potentially be recorded multiple times during the reporting period.
- This indicator does not measure whether the most appropriate kind of support was provided to an individual.
- This indicator does not measure whether supported individuals are actually caring for OVC.

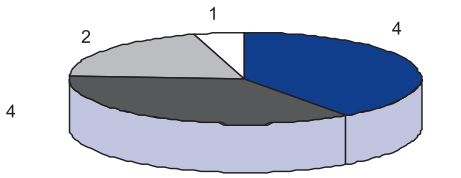
- Some kinds of support require more extensive effort than others. Treating all the support equally might cause results to be misleading.

Examples of how indicator 8 might be used:

Is our program providing continuous support to caregivers and support providers to ensure quality and a sustainable program after the training?



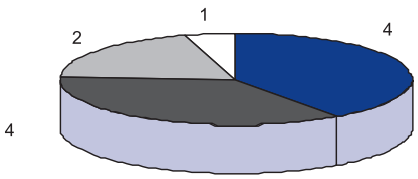
What kind of support are we providing to caregivers and support providers? How much of these resources do we need in order for support caregivers and support providers to provide care for OVC?



Number of providers/caregivers
who received support, by type of support

Money
Mentorship
Material
Supervision

Who are we supporting? Are we making sure that the different types of providers and caregivers are supported by the program?



Number of providers/caregivers
who received support, by type of provider/cargiver

Family member
Volunteer
Teacherl
Community leader

Figure 76 shows examples of using indicator 8 data to address some of the above examples: such as number of providers or caregivers supported by period (top); number supported by type of support (middle); and number of providers or caregivers supported by type of provider/caregiver (bottom).

Figure 76. Examples of indicator 8 data use.

Indicator 9. Number of Trained Service Providers Who Have Stopped Their Involvement with the Program

Disaggregations: Type of service provider, and reason the provider discontinued involvement (e.g., lost to follow up, fired, moved, died, unknown, etc.).

Rationale: This indicator is intended to capture the staff dropout rate. The staff dropout rate can be an indirect measure of quality and sustainability of a program. This indicator also provides the program with useful information to help maintain an accurate number of service providers to deliver services to OVC.

Definitions:

Program This is defined as an organized set of activities to provide a variety of services to support and respond to the needs of OVC (each program defines the scope of its program).

Service provider This is defined as a program staff member, volunteer, or family member supported to provide service directly to OVC. It includes caregivers or administrative staff (a caregiver is an individual responsible for the day-to-day care of the child).

Stopped involvement This is the minimum period of contact loss between a program and service provider necessary to declare that the provider has "stopped involvement" with the program. The period should be defined by each program.

Training This refers to new training or retraining. Training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills, or competencies to be gained by participants.

Unit of measurement: Number of trained service providers who have stopped their involvement with the program.

Data source: Register for Service Providers (Form OVC_7).

Known data limitations and significance: It is difficult to define "stopped involvement" because there are typically a variety of positions with different degrees of involvement in a program.

Examples of how indicator 9 might be used:

What is the staff dropout rate for my program? Do we have enough staff to provide services adequately to OVC?

The formula below is used to calculate this. Note: Often, the reason for lost to follow up is unknown. Not including "unknown" in calculating the dropout rate could produce a misleading result. Consequently, include the "unknown" in the above formula to generate the dropout rate.

Total number of service providers (dropout) + (unknown) this reporting period (indicator 9) / **(Number of service providers enrolled during previous reporting period) + (number newly enrolled this period)** **x 100 = Dropout rate (percentage of dropout) among trained providers**

What are the reasons for leaving from the program? What types of providers are leaving from the program? What can the program do to reduce the dropout rate of the trained service provider?

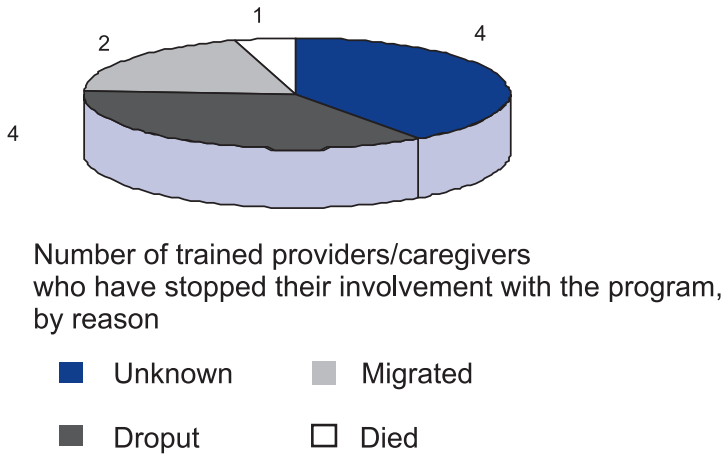


Figure 77 shows the number of trained providers who stopped their involvement by their reasons (top), and by their paid vs. unpaid status. (bottom).

Figure 77. Examples of indicator 9 data use.

Indicator 10. Number of Mobilization Meetings Held

Disaggregation: Type of meeting.

Rationale: This indicator is intended to measure one aspect of the organization's contribution to community mobilization in support of OVC. The involvement of other players in the community can be an indirect measure of quality and sustainability of the program.

Definitions:

Mobilization meeting This is defined as any meeting that involves local institutions, local leaders, community groups, or member of the community to organize for collective action to support OVC in the community. Community mobilization is characterized by respect for the community and its needs.

Type of meeting This includes events such as community meetings and school meetings. Organizations should come up with the types of meeting that best reflect the work of their programs.

Unit of measurement: Number of mobilization meetings held is the unit of measurement.

Data source: Periodic Summary Report (Form OVC_12), to be filled out based on records and knowledge of program managers.

Known data limitations and significance:

- This indicator does not capture the quality of the meetings, nor does it measure whether the outcome of a meeting responds to the needs of OVC.
- This indicator does not capture how many resources are mobilized as a result of meetings.

Examples of how indicator 10 might be used:

Are we successfully mobilizing and involving community in our program? How many meetings did we conduct during this reporting period?

What type of mobilization meeting are we conducting? Are we successful at mobilizing different groups of people in the community?

Figure 78 shows the use of indicator 10 data to compare the number of mobilization meetings held, by reporting period (top) and by type of meeting (bottom).

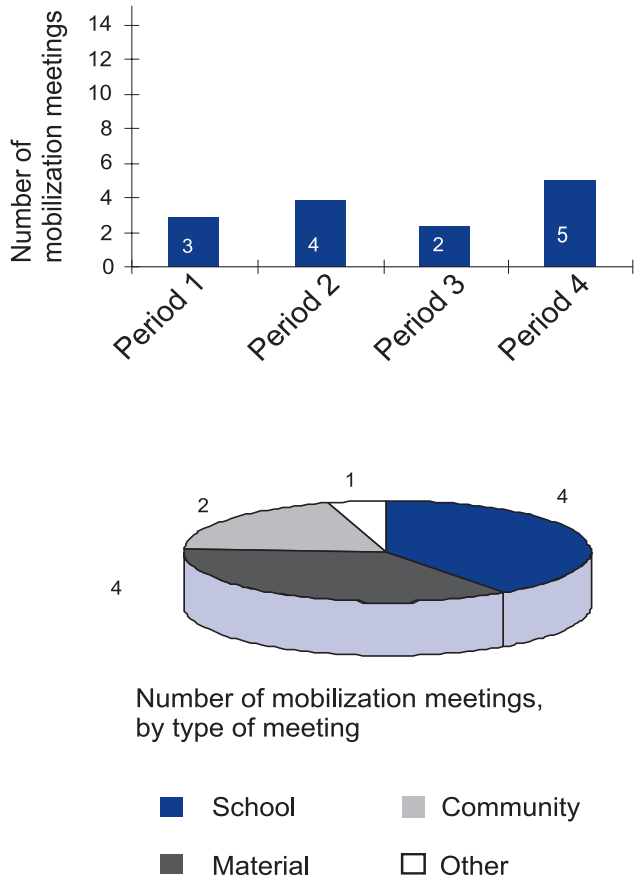


Figure 78. Examples of indicator 10 data use.

Indicator 11. Number of Community Leaders Supported to Promote Care and Support for Orphans and Vulnerable Children

Disaggregations: Type of leader.

Rationale: This indicator is intended to capture one aspect of an organization's contribution to community awareness and education. The involvement of community leaders can be an indirect measure of quality and sustainability of the program.

Definitions:

Community leaders These include political, religious, and administrative leaders active in the community.

Support This refers to any kind of assistance given by the program in response to the needs of individuals providing care to OVC in their service delivery environment, such as material or monetary support, and mentorship.

Unit of measurement: Number of community leaders trained or supported is the unit of measurement.

Data source: Support Summary Form (Form OVC_9).

Known data limitations and significance:

This indicator does not capture the quality of the support provided, nor does it measure the outcomes of the support.

- There is a possibility of double-counting. If an individual receives the same type of support more than once, one individual could be recorded multiple times during the reporting period.
- This indicator does not measure whether the support provided is appropriate to the trained individual's needs.
- This indicator does not measure whether supported individuals are actually caring for OVC.
- Some types of support require more extensive effort than others. Treating all the support equally might cause results to be misleading.

Example of how indicator 11 might be used:

Is our program involving community leaders, religious leaders, and political leaders to promote care for OVC?

Figure 79 compares the types of leaders being supported by a program, by reporting period.

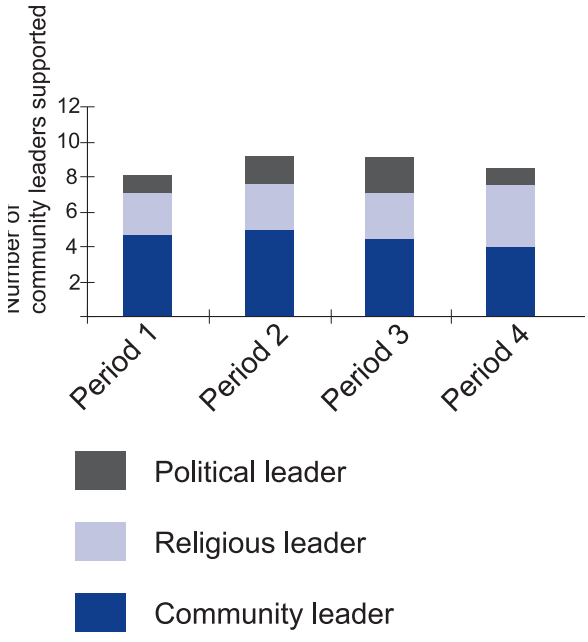


Figure 79. Example of indicator 11 data use.

Indicator 12. Amount of Supplies or IEC Materials Received/Produced or Distributed

Disaggregations: Type of supplies or materials.

Rationale: This indicator is intended to measure the availability of IEC materials in the community and ensure the availability of essential supplies. Information from this indicator can be used during a supervisory visit to cross-match with the OVC register, to make sure that reported services are actually delivered to OVC.

Definitions:

Distributed This is defined as any supply materials distributed from your program to the community.

IEC materials This is defined as information, education, and communication (IEC) materials for community education about HIV/AIDS or OVC.

Produced This is defined as any supplies or materials produced by your own program at the level where reports are filled out.

Received This is only appropriate if supply materials were produced by others (including by your program at a higher level than where reports are filled out) and sent to your program for distribution.

Supplies This refers to any essential supplies that are necessary for an OVC program to provide appropriate services to OVC.

Unit of measurement: Number of supplies or IEC materials.

Data source: Supply Summary Sheet (Form OVC_5) and Supply Summary Form (Form OVC_9).

Known data limitations and significance:

- This indicator does not measure the number of people who received IEC materials or other supplies, nor does it measure the number of people exposed to the message.
- This indicator does not measure the quality of the material nor does it measure effectiveness of the message. Such an indicator would require more in-depth evaluation efforts, such as a survey.

Examples of how indicator 12 might be used:

Do we have enough supplies or IEC material in stock at the program level?

Are service providers distributing supply or IEC materials to the community or clients? Do they have enough stock of IEC materials?

Is there any relationship between stock outs of essential supplies and services provided to OVC?

Figure 80 compares the number of OVC receiving education materials over reporting periods, and with a stock out of these materials. Program managers should review, analyze, and discuss these kinds of data in their efforts to come up with possible evidence-based solutions to such concerns.

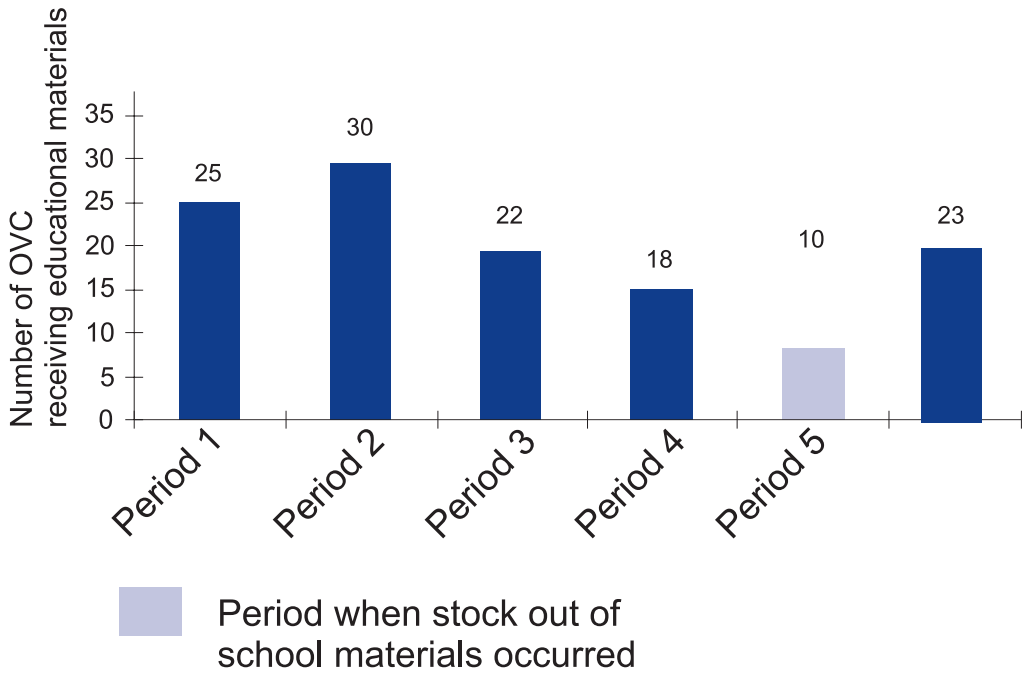


Figure 80. Example of indicator 12 data use, comparing number of OVC receiving educational materials by reporting period, and with the timing of a stock shortage (a stock out) of those materials.

Appendix A: CLPIR Integrated or Family-Center Services Forms

CLPIR integrated (family-centered) services forms are provided on the following pages, in a format that allows printing the forms for direct use. These forms are also available in Microsoft Word templates that can be adapted to suit a program's specific needs. The templates are available on the CLPIR CD-ROM or at the CLPIR page at MEASURE Evaluation's Web site, at:

http://www.cpc.unc.edu/measure/tools

The following forms are in this appendix:

- Integrated Activity Register (Form I_1)
- Family Record Card (Form I_2)
- Individual Service Record (Form I_3)

Integrated Activity Register (Form I_1)

For Local Adaptation

Name of Organization: _____ Reporting Period: _____

Name of Service Provider:_____ Province: _____ District: _____

Daily Activity Register and Services Provided

Date	Family Code	Personal Code	Gender	Age	Reason for Discontinue	\Services Provided	Referral Made	Observation

Services Provided (Use following codes to fill the Daily Activity Register)

1) Dropped out, Migrated, Died, unknown, and Other (specify)
2) - Palliative Care program: C(Clinical Care), PS (Psychological Care), SP (Spiritual Care), SU (Supportive Care), P (Prevention Care)
   - OVC Program: F&N (Food and Nutrition), S(Shelter), P (Protection), H (Health care), PS (Psychosocial Support), E (Education)

Family Record Card (Form I_2)

For Local Adaptation

Family Code: _____

Complete Address:
Province: _____ District: _____Village: _____

Service Provider: _____ Age: _____ Gender: _____

RELATIONSHIP	NAME	SEX		AGE	DATE OF RECRUITMENT			BENEFICIARY		ASSIGNED CODE	DOES NOT CONTINUE IN PROGRAM
		F	M		DAY	MONTH	YEAR	YES	NO		

OBSERVATIONS:

DATE: ____/_____/_____

Note: Put relationship in reference to head of family

_____
NAME AND SIGNATURE OF PERSON WHO COMPLETED RECORD

Individual Service Record (Form I_3)

For Local Adaptation

Name of Service Provider: _____

Family Code or Name: _____ Client Code or Name: _____

Period: _____

Date	Services provided	Referral Made	Observation	Follow-up Action	Name of the person who provided the service

Appendix B: CLPIR Forms for Prevention Programs

CLPIR's forms and report templates for prevention programs are provided on the following pages, in a format that allows printing the forms for direct use. These forms are also available in Microsoft Word templates that can be adapted to suit a program's specific needs. The templates are available on the CLPIR CD-ROM or at the CLPIR page at MEASURE Evaluation's Web site, at:

http://www.cpc.unc.edu/measure/tools

The following forms are in this appendix:

- Participants List (Form P_1)
- Outreach Activity Form (Form P_2)
- Two-Way Referral Form (Form P_3)
- Activity Summary Report (Form P_4)
- Register for Behavioral Change Promoters (Form P_5)
- Training Record Form (Form P_6)
- Support Summary Form (Form P_7)
- Supply Stock Management Form (Form P_8)
- Periodic Summary Report (Form P_9)

Participant List (Form P_1)

For Local Adaptation

Name of Behavior Change Promoter:_____
Name of the Activity: _____
Date: _____

	Name	Male				Female			
		10-14	15-19	20-24	>25	10-14	15-19	20-24	>25
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
Total									

Outreach Activity Form (Form P_2)

For Local Adaptation

Name of Behavior Change Promoter:_____

Specific Title of the Activity: _____ Date: _____

Province: _____ District: _____ Venue: _____

1) Type of message:

A Only □ A & B Only □ A, B &C □ Beyond A&B □ Other (Specify)

2) Type of approach:

Individual Talk □	Community Outreach □	Festival □
Group Discussion □	Seminor/Workshop □	Mobilization Meeting □
Art and Drama □	Home Visit □	Other (Specify)

3) Target audience: Youths □ Adults □ Teachers □ Community Leaders □ Other (Specify)

4) Number of participants

	10-14	15-19	20-24	>25	Total
M					
F					
Total					

5) Number of referrals made

	VCT	OVC	HBC	FP	STI	Other
M						
F						
Total						

6) Number of supplies distributed

Supplies Distributed to clients										
						Male Condom		Female Condom		
Poster	Pamphlet	Newsletter	Flip chart	Other (Speccify)	Total	Sold	Free	Sold	Free	Total

7) Comments and Remarks

Two-Way Referral Form (Form P_3)

For Local Adaptation

To be filled out by the organization or person making the referral (Referring Organization)

Client's name: …… Age: …… Sex: ……

Address: ……

Referred From: …… Referred To: ……..

1. Medical Treatment	( )	9. Micro Credit Scheme	( )	17. Faith Based Support	( )
2. STI Treatment	( )	10. Financial Support	( )	18. Treatment Support	( )
3. VCT	( )	11. Social Support	( )	19. PEP Services	( )
4. ARV	( )	12. Peer Counseling	( )	20. Micro Finance	( )
5. PMTCT Services	( )	13. Psycho Social Support	( )	21. Pharmacy	( )
6. Home Based Care	( )	14. PLWHA Support	( )	22. OB/GYN Services	( )
7. Welfare Assistance	( )	15. Youth Support Groups	( )	23. Other _____	( )
8. RH/FP	( )	16. Nutrition Support	( )		

Name & Signature of Person Referring: …….……. Title/Position: …….…….

Please detach along this lines

Two-Way Referral Form

To be filled out by the organization or person making the referral (Referring Organization)

Client's name: …… Age: …… Sex: ……

Address: ……

Referred From: …… Referred To: ……..

1. Medical Treatment	( )	9. Micro Credit Scheme	( )	17. Faith Based Support	( )
2. STI Treatment	( )	10. Financial Support	( )	18. Treatment Support	( )
3. VCT	( )	11. Social Support	( )	19. PEP Services	( )
4. ARV	( )	12. Peer Counseling	( )	20. Micro Finance	( )
5. PMTCT Services	( )	13. Psycho Social Support	( )	21. Pharmacy	( )
6. Home Based Care	( )	14. PLWHA Support	( )	22. OB/GYN Services	( )
7. Welfare Assistance	( )	15. Youth Support Groups	( )	23. Other _____	( )
8. RH/FP	( )	16. Nutrition Support	( )		

Name & Signature of Person Referring: …….……. Title/Position: …….…….

Please detach along this lines

To be filled out by the organization receiving the referral (Receiving Organization)

Name of Receiving Organization: …… Phone Number: ……

Address: ……

List of Services Provided	Services Completed as Requested Y/N	Follow Up Needed Y/N	Follow Up Date
Additional Comments:			

Client's name: …… Age: …… Sex: ……

Address: ……

Name & Signature of the Person Treating: …….……. Title/Position: …….…….

Activity Summary Report (Form P_4)

For Local Adaptation

Name of Behavior Change Promoter:_____

Province: _____ District: _____

Reporting Period: _____

1) Number of participants by type of message

	A only	A&B Only	A, B and C	Beyond A&B	Other
M					
F					
Total					

2) Number of participants by type of approach

	Individual Talk	Group Discussion	Art, Drama	Home Visit	Other (Specify)
M					
F					
Total					

3) Number of participants by target audience

	Youths	Adults	Teachers	Community Leaders	Other (Specify)	Total
Numbe						

4) Number of participants by age and gender

	10-14	15-19	20-24	>25	Total
M					
F					
Total					

5) Number of refferal made

	VCT	OVC	HBC	FP	STI
M					
F					
Total					

6) Number of supplies distributed

Supplies Distributed to Clients										
						Male Condom		Female Condom		
Poster	Pamphlet	Newsletter	Flip chart	Other (Speccify	Total	Sold	Free	Sold	Free	Total

Comments and Remarks

Signature of the Behavioral Change Promotor: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Register for Behavioral Change Promoters (Form P_5)

For Local Adaptation

Register prepared by: _____ **Reporting Period: _____**

Date of Enrollment	Full Name of the Service Provider	Gender		Age	Address (Province, District Village)	Paid	Unpaid	Lost to follow up	
		M	F					Date	**Reason

**** Lost to follow-up codes:**
1) Dropped out, 2) Fired, 3) Moved, 4) Died, 5) Unknown, 6) Other (Specify)

Training Record Form (Form P_6)

For Local Adaptation

Name of the facilitator: _____ Date of the training: _____ Province: _____ District:_____

A) Type of message: 1) A and/or B, 2) Beyond A&B (including A,B&C), 3) Other (specify)

B) Training topic: 1) Skill development, 2) school health, 3) Counseling, 4) Condom use, 5) Other (Sp **C) Specific title of the training:** _____

D) Target population: 1) In-school youth, 2) Out of school youth, 3) Married adults, 4) Single adults, 5) Teachers, 6) Parents, 7) Community leaders, 8) Other (Specify)

Name	Male	Female	Home Location of Trainees Province, District, Village	Type of Trainee					Have you received training on the same type of message since ( )
				Youths	Teachers	Parents	Religious Leaders	Other (Specify)	
Total									

Comments and Remarks

Support Summary Form (Form P_7)

For Local Adaptation

Name of the person providing support : _____ Province: _____ District: _____
Period From: _____ To: _____

Date	Name of the support recipient or Prevention comittees/groups	Gender	1) Type of Promoter					2) Type of Support Provided						Signature
			Peer Educator	Teacher	Parents	Community Leader	Other	Material (#)		Monetary	Mentorship	Supervision	Other	

Comments and Remarks

Supply Stock Management Form (Form P_8)

For Local Adaptation

Report Prepared By: _____ Reporting Period From: _____ To: _____

	Dates	IEC					Condom			
		Poster	Pamphlet	Newsletter	Flip Chart	Other (Specify)	Male		Female	
(1) Amount at Beginning of Period										
(2) Amount Produced/ Received										
	Total									
(3) Amount Distributed to Service Providers										
	Total									
(4) Amount at End of Period = (1) + (2) - (3)										
							Sold	Free	Sold	Free
(5) Amount Distributed to Clients										

6) Number of condom service outlets reported	

Comments and Remarks

Signature: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

Periodic Summary Report (Form P_9)

For Local Adaptation

Name of Organization: _____

Reporting Period From: _____ To: _____

Section A: List of Indicators

1) Number of individuals reached

1.1) By Type of Message (*An idnvidual can receive messages in more than one area)**

	A Only	A & B Only	A, B&C	Beyond A&B
M				
F				
Total				

1.2) By Type of Approach (*An individual can be in more than one area)**

	Individual talk	Group discussion	Art, Drama	Home visit	Other (Specify)
M					
F					
Total					

1.3) By Target Audience

	Youths	Adults	Teachers	Community Leaders	Other (Specify)	Total
Number of individual						

1.4) By Age

	10-14	15-19	20-24	>25	Total
M					
F					
Total					

2) Number of individuals referred for other services

2.1) By Type of Services (*An individual can be referred for services in more than one area)**

	VCT	OVC	HBC	FP	Other (Specify)
M					
F					
Total					

3) Number of individuals trained to promote HIV/AIDS prevention

3.1) By Type of Message

	A and/or B	Beyond A&B	Other (Specify)
M			
F			
Total			

3.2) By Type of promoter

	Youths	Teachers	Parents	Community Leaders	Other (Specify)
Number of trainees					

4) Number of behavioral change promoters supported

4.1) By Type of Support (*An individual can receive support in more than one area)**

	Material	Monetary	Mentorship	Supervision	Other (Specify)
M					
F					
Total					

5) Number of behavioral change promoters who have stopped their involvement with the program

5.1) By Type of Promoters

	Paid	Unpaid	Total
Number of individual			

Indicator	Achieved					
6) Number of condom service outlets	Number of service outlets					
7) Number of condoms distributed to clients for free or sold	7.1) By Type					
	Male Condom		Female Condom			
	Sold	Free	Sold	Free	Total	
8) Amount of IEC materials produced/received or distributed	8.1) By Type of material					
		Poster	Pamphlet	Newsletter	Other (Specify)	Total
	Produced/Received					
	Distributed					
	Total					
9) Number of prevention commitees/groups supported	9.1) By Type of commitees/groups					
		Youth Club	Committee	Sports Club	Other (Specify)	Total
	Number of commitees					
10) Number of mobilization meetings held	10.1) Type of meeting					
		Communiy	Leader	School	Other (Specify)	Total
	Number of meetings					
11) Number of community leaders supported to promote behavior change to prevent HIV transmission	11.1) By Type of leaders					
		Religious	Community	Political	Other (Specify)	Total
	Supported					
12) Any other indicators identified by program						
13) Any other indicators identified by program						

Section B: Narrative

1) Major issues raised

2) Achievements and success stories

3) Challenges and lessons learned

4) Recommendations

Section C: Submission

Date of submission: _____

Prepared by: _____ **Signature:** _____

Appendix C: CLPIR Forms for HBC Programs

CLPIR's forms and report templates for HBC programs are provided on the following pages, in a format that allows printing the forms for direct use. These forms are also available in Microsoft Word templates that can be adapted to suit a program's specific needs. The templates are available on the CLPIR CD-ROM or at the CLPIR page at MEASURE Evaluation's Web site, at:

http://www.cpc.unc.edu/measure/tools

The following forms are in this appendix:

- Home-Based Care Enrollment Form (Form HBC_1)
- Home Visit Register (Form HBC_2)
- Two-Way Referral Form (Form HBC_3)
- Home-Based Care Provider Report (Form HBC_4)
- Register for Service Providers (Form HBC_5)
- Training Record Form (Form HBC_6)
- Support Summary Form (Form HBC_7)
- Home-Based Care Enrollment Summary Sheet (Form HBC_8)
- Periodic Summary Report (Form HBC_9)

Home-Based Care Enrollment Form (HBC_1)

For Local Adaptation

Prepared by: _____

Province: _____ District: _____

Village: _____ Date of Enrollment: _____

Patient Information

1) Patient Name: _____

2) Gender : Male □ Female □ 3) Age: _____

4) Marital Status: Single □ Married □ Widonw/Widower □ Divorced □ On separation □

5) Complete Address

Province: _____ District: _____ Village: _____

Household Identification Information: _____

Caregiver Information

1) Whether the Patient has a Caregiver: Yes □ No □

2) Name of Caregiver: _____

3) Gender of Caregiver: Male / Female 4) Age of Caregiver : _____

5) Type of Caregiver Family Member □ Neighbor □ Other (Specify)
Social Worker □ Relative □

6) Number of people living with HIV/AIDS in the Household: _____

Patient Status Information

1) Functional Status: Working - Active □ Bedridden □
Ambulatory - Walking Around □ Other (Specify)

2) Symptom/Major problem

1. Pain □ 2. Loss of Weight □ 3. Diarrhea □ 4. Mouth Infection □ 5. Lymph nodes □
6. Fever □ 7. Skin Disease □ 8. Herpes Zoster □ 9. TB □ 10 Other (Specify)

3) Medicacation taken by patient

ARV □ TB □ Contrimoxizole □ Other (Specify)

4) Support Needed

1. Medical support □ 2. Legal Aid □ 3. Psychological Support □ 4. Food/Nutrition □
5. Shelter/Houshing □ 6. VCT and Prevention Support □ 7. Spiritual Support □ Other (Spe

Comments and Remarks

Home Visit Register (HBC_2)

For Local Adaptation

Name of organization: _____ Reporting Period from _____ To_____

Name of Service Provider: _____

Name of Patient: _____ Gender: Male / Female Age: _____

Address of Patient

Province: _____ District: _____ Village: _____

A: Type of Support Provided to Patient B: Refarral

Date	Support						ARV Adherence						Referral				
	Clinical Care	Psychological Care	Spiritual Care	Supportive Care	Prevention Care	Other (Specify)	Client Education	Pill Count	Pre-ART Counselng	Buddy Support	Other (Specify)	Follow Up Visit	TB	ART	Opotunistic Infection	STI	Other (Specify)

C: Lost to follow up date: _____ Reason for leaving: 1) Dropped out, 2) Migrated, 3) Died, 4) Unknown, 5) Other (Specify)

Comments and Remarks:

Two-Way Referral Form (HBC_3)

For Local Adaptation

To be filled by organization making the referral (Referring Organization)

Client's name: …… Age: …… Sex: ……

Address: ……

Referred From: …… Referred To: ……..

1. Medical Treatment	( )	9. Micro Credit Scheme	( )	17. Faith Based Support	( )
2. STI Treatment	( )	10. Financial Support	( )	18. Treatment Support	( )
3. VCT	( )	11. Social Support	( )	19. PEP Services	( )
4. ARV	( )	12. Peer Counseling	( )	20. Micro Finance	( )
5. PMTCT Services	( )	13. Psycho Social Support	( )	21. Pharmacy	( )
6. Home Based Care	( )	14. PLWHA Support	( )	22. OB/GYN Services	( )
7. Welfare Assistance	( )	15. Youth Support Groups	( )	23. Others	( )
8. RH/FP	( )	16. Nutrition Support	( )		

Name & Signature of Person Referring: ……..…..…… Title/Position: …….……

Please detach along this lines

Two-Way Referral Form

To be filled out by organization making the referral (Referring Organization)

Client's name: …… Age: …… Sex: ……

Address: ……

Referred From: …… Referred To: ……..

1. Medical Treatment	( )	9. Micro Credit Scheme	( )	17. Faith Based Support	( )
2. STI Treatment	( )	10. Financial Support	( )	18. Treatment Support	( )
3. VCT?	( )	11. Social Support	( )	19. PEP Services	( )
4. ARV	( )	12. Peer Counseling	( )	20. Micro Finance	( )
5. PMTCT Services	( )	13. Psycho Social Support	( )	21. Pharmacy	( )
6. Home Based Care	( )	14. PLWHA Support	( )	22. OB/GYN Services	( )
7. Welfare Assistance	( )	15. Youth Support Groups	( )	23. Others	( )
8. RH/FP	( )	16. Nutrition Support	( )		

Name & Signature of Person Referring: ……..…..…… Title/Position: …….……

Please detach along this lines

To be filled out by the organization receiving the referral (Receiving Organization)

Name of Receiving Organization: …… Phone Number: ……

Address: ……

List of Services Provided	Services Completed as Requested Y/N	Follow Up Needed Y/N	Follow Up Date
Additional Comments:			

Client's name: …… Age: …… Sex: ……

Address: ……

Name & Signature of the Person Treating: ……..…..…… Title/Position: …….……

Home-Based Care Provider Report (HBC_4)

For Local Adaptation

Name of Service Provider: ________________________________ Reporting Period from _____________ To_____________

A: Type of Patient Provided with Service

	Age				
	<18	18-24	25-29	30+	Total
M	OOOOOOOOO OOOOOOOOO OOOOOOOOO OOOOOOOOO	OOOOOOOOO OOOOOOOOO OOOOOOOOO OOOOOOOOO	OOOOOOOOO OOOOOOOOO OOOOOOOOO OOOOOOOOO	OOOOOOOOO OOOOOOOOO OOOOOOOOO OOOOOOOOO	
F	OOOOOOOOO OOOOOOOOO OOOOOOOOO OOOOOOOOO OOOOOOOOO	OOOOOOOOO OOOOOOOOO OOOOOOOOO OOOOOOOOO OOOOOOOOO	OOOOOOOOO OOOOOOOOO OOOOOOOOO OOOOOOOOO OOOOOOOOO	OOOOOOOOO OOOOOOOOO OOOOOOOOO OOOOOOOOO OOOOOOOOO	
Total					

C: Lost to follow up

Age					
	<18	18-14	25-29	30+	Total
M	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	
F	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	
Total					

D: Stock Out of Essential Supplies

HBC Kit	HIV Testing Kit	Drugs	IEC Materials	Other (Specify)

B: Type of Support Provided to Patient

	Support						ARV Adherence						Referral					Reason for leaving			
	Clinical Care	Psychological Care	Spiritual Care	Supportive Care	Prevention Care	Other (Specify)	Client Education	Pill Count	Pre-ART Counselng	Buddy Support	Other (Specify)	Follow Up Visit	TB	ART	Opotunistic Infection	STI	Other (Specify)	Dropped out	Migrated	Died	Unknown
M	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO
F	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO	OOOO OOOO OOOO OOOO
Total																					

E: Comments and Remarks:

Signature of Service Provider: ________________________________ Date: __________________

Signature of Supervisor: ___________________________________ Date: __________________

Register for Service Providers (HBC_5)

For Local Adaptation

Register prepared by: _____ **Reporting Period: _____**

Date of Enrollment	Full name of the service provider	Gender		Age	Address (Province, District, Village)	Paid	Unpaid	Lost to follow up	
		M	F					Date	**Reason

**Lost to follow up codes:

1) Dropped out, 2) Fired, 3) Moved, 4) Died, 5) Unknown, 6) Other (Specify)

Training Record Form (HBC_6)

For Local Adaptation

Province: _____ District:_____ Name of the facilitator: _____ Date of the training: _____

Topic of the training: 1) Clinical Care, 2) Psychological Care, 3) Spiritual Care, 4) Supportive Care, 5) Prevention Care, 6) Other (Specify)

Specific title of the training: _____

Name	Male	Female	Home Location of Trainees Province, District, Village	Type of trainee					Have you received a training on the same topic since ( )?	Did you receive any of the listed training since ( )?
				Caregiver	Teacher	Social Worker	Community Leader	Other (Secify)		
Total										

Comments and Remarks

Support Summary Form (HBC_7)

For Local Adapatation

Name of the Provider : _____ Province: _____ District: _____

Period From: _____ To: _____

Date	Name of Service Recipient	Type of Support Provided				Type of Service Provider				Signature
		Material	(#)	Monetary	Mentorship/ Supervision	Caregiver	Social Worker	Volunteer	Community Leader	
Total										

Comments and Remarks:

Home-Based Care Enrollment Summary Sheet (HBC_8)

For Local Adaptation

Province: _____ District: _____

Prepared By: _____

Reporting Period: From _____ To _____

Age -->		<18	18-24	25-29	30+	Total
(1) Enrolled from the previous reporting period	Female					
	Male					
	Total					
(2) Newly enrolled patients	Female					
	Male					
	Total					
(3) Lost to follow up patients	Female					
	Male					
	Total					
(4) Currently enrolled patients = (1)+(2)-(3)	Female					
	Male					
	Total					

Comments and Remarks

Signature of service provider: _____ **Date:** _____

Signature of supervisor: _____ **Date:** _____

Periodic Summary Report (HBC_9)

For Local Adaptation

Name of Organization: _____ Reporting Period: _____

Section A: List of Indicators

Indicator	Achieved						
1) Number of patients enrolled in a program	1.1) By Age						
			<18	18-24	25-29	30+	Total
	New	M					
		F					
		Total					
	Currently Enrolled	M					
		F					
		Total					
2) Number of patients provided with home based care and support services	2.1) By Age						
			<18	18-24	25-29	30+	Total
	M						
	F						
	Total						
	2.2) By Type of Services (***A patient can receive support in more than one area)						
			Clinical Care	Psychological Care	Spiritual Care	Supportive Care	Prevention Care	Other (Specify)
	M							
	F							
	Total							
3) Number of patients provided with ARV adherence support	3.1) By Type of ARV support (***A patient can receive support in more than one area)						
			Client Education	Pill Count	Pre-ART Counseling	Buddy Support	Other (Specify)
	M						
	F						
	Total						
4) Number of patients lost to follow up	4.1) By Reason							
			Dropped out	Migrated	Dead	Unknown	Other (Specify)	Total
	M							
	F							
	Total							
5) Number of patients referred for other services by type of service	5.1) By Service (***A patient can be referred to services in more than one area)						
			TB	ART	Opotunistic Infection	STI	Other (Specify)
	M						
	F						
	Total						
6) Number of patients visited at least once in the given period.							
7) Number of individuals trained to provide care for HBC clients	7.1) Number trained						
	7.2) By Type of Training (***An individual can be trained in more than one area)						
			Clinical Care	Psychological Care	Spiritual Care	Supportive Care	Prevention Care	Other (Specify)
	M							
	F							
	Total							

Community-Level Program Information Reporting for HIV/AIDS Programs — Forms for HBC Programs

Indicator	Achieved					
8) Number of individuals supported to provide care for HBC Clients	8.1) By Type of support (***An individual can receive support in more than one area)					
		Material	Monetary	Mentorship/Supervisio	Other (Specify)	
	Number of individual					
9) Number of trained providers who have stopped their involvement with the program	9.1) By Type of provider					
		Paid		Unpaid		Total
	Number of providers					
10) Number of community mobilization meetings held	10.1) Type of meeting					
		Community	Leader	School	Other (Specify)	Total
	Number of meetings					
11) Number of community leaders supported to provide care to HBC clients	11.1) By Type of leaders					
		Religious	Community	Political	Other (Specify)	Total
	Number of leaders					
12) Number of providers with stock out of essnetial supply	12.1) By Type of supply					
		HBC Kit	HIV Testing Kit	Drugs	IEC Materials	Other (Specify)
	Number of stock outs					
13) Any other indicators identified by program						
14) Any other indicators identified by program						

Section B: Narrative

1) Major issues raised

2) Achievements and success stories

3) Challenges and lessons learned

4) Recommendations

Section C: Submission

Date of submission: _____ **Prepared by:** _____ **Signature:** _____

Appendix D: CLPIR Forms for OVC Programs

CLPIR's forms and report templates for OVC programs are provided on the following pages, in a format that allows printing the forms for direct use. These forms are also available in Microsoft Word templates that can be adapted to suit a program's specific needs. The templates are available on the CLPIR CD-ROM or at the CLPIR page at MEASURE Evaluation's Web site, at:

http://www.cpc.unc.edu/measure/tools

The following forms are in this appendix:

- OVC Enrollment Form (Form OVC_1)
- Child Status Index (Form OVC_2)
- OVC Register (Form OVC_3)
- Two-Way Referral Form (Form OVC_4)
- Supply Summary Sheet (Form OVC_5)
- OVC Service Provider Report (Form OVC_6)
- Register for Service Providers (Form OVC_7)
- Training Record Form (Form OVC_8)
- Support Summary Form (Form OVC_9)
- OVC Enrollment Summary Sheet (Form OVC_10)
- Supply Stock Management Form (Form OVC_11)
- Periodic Summary Report (Form OVC_12)

OVC Enrollment Form (Form OVC_1)

For Local Adaptation

Prepared by: _____ Province: _____ District: _____

1) Child Name: _____

2) Gender : Male □ Female □ 3) Age: _____

4) Complete Address: Province _____ District _____

Village: _____ Household Identification Information: _____

5) OVC Status: Paternal (Father passed away) Double □
Maternal (Mother passed away) Vulnerable

6) OVC Type Orphan □ Child Labor □ Child Headed □ Household with chronically ill parents □
Disabled □ Street Child □ Household that has experienced a recent death from chronic illness □
HIV Positive □ Household headed by a grandparents □ Other (Specify)

7) Whether the child has a caregiver: Yes □ No □

8) Name of caregiver: _____

9) Gender of caregiver: Male / Female 10) Age of caregiver: _____

11) Relationship to child Father □ Uncle □ Cousin □ Neighbour □ Other (Specify) □
Mother □ Sister □ Grant mother □ Self □
Auntie □ Brother □ Grant father □ Social worker □

12) Health status of caregiver: Healthy □ Ill□ Disabled □ Other (Specify)

13) Number of OVC in the Household: Male ( ) Female ( ) Total( )

14) OVC Enrolled in the program: YES / NO Date of Enrollment: _____

Child Status Index (Form OVC_2)

Date _____ Child's Name _____ Age in years ____ Gender M/F ___ District _____ Ward/Location/Division_____ Village_____

Source(s) of information: __Child __Parent/Caregiver __Other relative __Family friend __Teacher __Community Worker __Other (specify) Child's birth registered __Yes __No

DOMAIN	***FOOD AND NUTRITION***	***SHELTER AND CARE***		***PROTECTION***	***HEALTH***	
	1. Food Security	**2. Shelter**	**3. Care**	**4. Abuse and Exploitation**	**5. Wellness**	**6. Health Care Services**
GOAL	Child has sufficient food to eat to sustain an active and healthy life at all times of the year	Child has stable shelter/housing that is adequate, dry, and safe	Child has at least one adult who provides consistent love and support	Child is safe from any abuse, neglect, or exploitation	Child is healthy	Child has access to the health services they need - preventative & treatment healthcare (health education, immunizations, medicine)
Good	0 Well fed, eats regularly, no concerns.	0 Shelter and indoor dwellings are adequate, dry, and safe	0 No concerns. Child feels protected and loved by primary caregiver.	0 No concerns about child abuse, neglect, labor or sexual exploitation.	0 Healthy, doing well & rarely falls ill with fever or diarrhea.	0 Child has receives almost all needed health services.
Fair	1 Eats regularly some of the time depending on season.	1 Shelter is adequate but indoor dwellings are inadequate.	1 Primary caregiver has limited ability to provide love and support.	1 Some concerns that child is neglected or not treated well.	1 Sick for 1-3 days in past month and not able to go to school or perform work.	1 Child receives some health services but not all needs are met.
Bad	2 Eats fewer times or less food than needed, complains of hunger (less than 2 meals /day).	2 Inadequate shelter, does not protect from weather, needs major repairs, overcrowded	2 No consistent adult for love and support.	2 Specific concerns that child is neglected, abused, or forced to do work not appropriate for age.	2 Frequently falls ill, in 1 or more days in a week child is too sick to go to school or perform work.	2 Child inconsistently receives needed health services.
Very Bad	3 Almost never eats one full meal in a day. Goes to sleep hungry most nights.	3 No shelter or stable place to live	3 Child fends for self, lacks a loving and supportive adult.	3 Child is abused, exploited sexually or physically, subjected to extreme child labor, or other exploitation	3 Child is chronically ill (is sickly almost all of the time)	3 Child almost never receives any health services they need.
Give reason(s) if necessary						

Type(s) of services or resources provided to the support of this child during the past 6 months (or ___ Months), organization providing services, resources needed, and action taken today

Types of services	*Yes*	*No*	*Name provider (NGO)*	*Services needed*	*Action taken today*
Food & Nutrition support (food rations, planting seeds, etc)					
Access to education (school fees, uniforms, supplies, desks, etc)					
Access to health care (Vaccination, medicine, doctor or hospital fee paid, etc)					
Psychosocial Support (clubs, group support, etc.)					

Protection from abuse (education on abuse, reporting mechanisms, etc)					
Legal support (property disputes, rape, etc)					
Care & protection (caregiver trained, child placed with family, etc)					
Shelter & other material support (house repair, clothes, beddings, etc)					
Livelihood support (work skills, micro-finance to family, etc)					

DOMAIN	***PSYCHOSOCIAL***		***EDUCATION AND SKILLS***		***Optional - Domain***
	7. Emotional Health	**8. Behavior**	**9. Performance**	**10. Access to Education**	**Age, site, or program specific**
GOAL	Child is happy and content with a generally positive mood	Child is cooperative and enjoys participating in activities with other children and adults	Child is achieving well at home, school, job training, or work and is acquiring knowledge and skills as expected	Child is enrolled & attends school, vocational training, or works (appropriate for age).	
Good	0 Happy, hopeful, content, no concerns from child, parent, or guardian	0 Likes to play with peers and participate in group or family activities most of the time. Infant enjoys playing	0 Learning & achieving as expected. Infants & preschoolers are developing motor, play, and early language skills normal to age	0 Enrolled, attending school, or working (as appropriate for age), no concerns	
Fair	1 Happy some of the time, worried or sad some of the time. Infant may be crying, not sleeping, or irritable.	1 Some problems getting along with others, gets into fights or argues some of the time at home or school	1 Learning and achieving but there are some slight concerns about progress	1 Enrolled in school or working (as appropriate for age) but attendance is irregular	
Bad	2 Sad, irritable, inactive, or worried much of the time. Adults have concerns about child	2 Behavior is disruptive much of the time. Child doesn't help others at home or school (if in school). Infant does not interact well	2 Learning and achieving more poorly than peers of same age or falling behind. Infants or preschoolers are gaining skills slowly than normal	2 Enrolled but almost never attends school or works (as appropriate for age)	
Very Bad	3 Withdrawn, despaired, very sad, inactive, refuses to eat, cries most of the time, or wants to be alone	3 Is usually in trouble, disruptive, does not listen to adults, fights, disobedient, bad conduct, or problems with the law, and doesn't want to do chores	3 Child has serious problems in learning, achieving, and developing skills. Delays in these areas are obvious	3 Not enrolled or never attends school or work (as appropriate for age)	
Give reason(s) if necessary					

Comments or additional concerns about this child or any other information about this child you will like to be known:

Summary: What is the overall picture in all 10 outcome areas above? Shade the area for each score or leave blank if not rated in that area

Very Bad										

Check any important event(s) that have happened during the past 6 months for this child, family, or community;

Child died _____
Parent/Guardian died_____
Family member died _____
Parent ill _____
Child Pregnant_____

3										
Bad 2										
Fair 1										
Good 0										
	1	2	3	4	5	6	7	8	9	10

Community violence_____
Change in living location _____
Change in primary caregiver _____
Child Left the Program_____
Other
(Specify)_____
Other
(Specify)_____
Other
(Specify)_____

OVC Register (Form OVC_3)

For Local Adaptation

Name of Organization: _____ Period From: _____ To: _____

Name of Service Provider: _____ Province: _____ District: _____

Name of Child: _____ Gender: Male □ Female □ Age: _____

Complete Address of a child
Province: _____ District: _____ Village: _____

A: Service Provided to OVC **B: Referral made**

Date	1) Food and Nutritional Support			2) Shelter and Care			3) Protection			4) Health Care			5) Psychosocial			6) Education			Follow Up Visit	Referred Out			
	Nutritional Counseling	After care programs	Food/Nutritional Supplementation	Shelter	Maintenance of home	Reintegration of institutionalized children	Stigma Reduction	Inheritance Claim	Child Abuse	General Health Needs	Health care for HIV positive	Prevenion of HIV	Life Skill	Counseling	Rehabilitation/Re-Intergration	School Fee	School Material	Skill Development		HBC	ABY	VCT	Other (Specify)

C: Lost to follow up date: _____
Reason for leaving : Lost to follow up / Migrated / Died / No longer in need of service / No loner classified as OVC / Unknown / Other (Specify)

D: Comments and Remarks:

Two-Way Referral Form (Form OVC_4)

For Local Adaptation

To be filled by organization making the referral (Referring Organization)

Client's name: …… Age: …… Sex: ……

Address: ……

Referred From: …… Referred To: ……..

1. Medical Treatment	( )	9. Micro Credit Scheme	( )	17. Faith Based Support	( )
2. STI Treatment	( )	10. Financial Support	( )	18. Treatment Support	( )
3. VCT	( )	11. Social Support	( )	19. PEP Services	( )
4. ARV	( )	12. Peer Counseling	( )	20. Micro Finance	( )
5. PMTCT Services	( )	13. Psycho Social Support	( )	21. Pharmacy	( )
6. Home Based Care	( )	14. PLWHA Support	( )	22. OB/GYN Services	( )
7. Welfare Assistance	( )	15. Youth Support Groups	( )	23. Others	( )
8. RH/FP	( )	16. Nutrition Support	( )		

Name & Signature of Person Referring: ……..……..…… Title/Position: ……..……

Please detach along this line

Two-Way Referral Form

To be filled out by organization making the referral (Referring Organization)

Client's name: …… Age: …… Sex: ……

Address: ……

Referred From: …… Referred To: ……..

1. Medical Treatment	( )	9. Micro Credit Scheme	( )	17. Faith Based Support	( )
2. STI Treatment	( )	10. Financial Support	( )	18. Treatment Support	( )
3. VCT?	( )	11. Social Support	( )	19. PEP Services	( )
4. ARV	( )	12. Peer Counseling	( )	20. Micro Finance	( )
5. PMTCT Services	( )	13. Psycho Social Support	( )	21. Pharmacy	( )
6. Home Based Care	( )	14. PLWHA Support	( )	22. OB/GYN Services	( )
7. Welfare Assistance	( )	15. Youth Support Groups	( )	23. Others	( )
8. RH/FP	( )	16. Nutrition Support	( )		

Name & Signature of Person Referring: ……..……..…… Title/Position: ……..……

Please detach along this line

To be filled out by the organization receiving the referral (Receiving Organization)

Name of Receiving Organization: …… Phone Number: ……

Address: ……

List of Services Provided	Services Completed as Requested Y/N	Follow Up Needed Y/N	Follow Up Date
Additional Comments:			

Client's name: …… Age: …… Sex: ……

Address: ……

Name & Signature of the Person Treating: ……..……..…… Title/Position: ……..……

Supply Summary Sheet (Form OVC_5)

For Local Adaptation

Province: _____ District: _____

Report Prepared By: _____

Reporting Period From: _____ To: _____

Date	Name of the recipient	Direct to the Child						To the Community				Singature
		School Uniforms	School Materials	Clothes	School Fees	Food	Other (Specify)	Posters	Pamphlets	Newsletters	Other (Specify)	
Total												

Comments and Remarks

Signature of Service Provider: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

OVC Service Provider Report (OVC_6)

For Local Adaptation

Name of Organization: ______________________________

Name of Service Provider: ______________________________ Province: ________________________ District: _______________________

Reporting Period From: _______________ To: _______________

A: OVCs provided with service(s)

	Age				
	<2	**2-4**	**5-11**	**12-17**	**Total**
M	OOOOOOOOOOO OOOOOOOOOOO	OOOOOOOOOOO OOOOOOOOOOO	OOOOOOOOOOO OOOOOOOOOOO	OOOOOOOOOOO OOOOOOOOOOO	
F	OOOOOOOOOOO OOOOOOOOOOO	OOOOOOOOOOO OOOOOOOOOOO	OOOOOOOOOOO OOOOOOOOOOO	OOOOOOOOOOO OOOOOOOOOOO	
Total					

B: Lost to follow up

	Age				
	<2	2-4	5-11	12-17	Total
M	OOO OOO	OOO OOO	OOO OOO	OOO OOO	
F	OOO OOO	OOO OOO	OOO OOO	OOO OOO	
Total					

C: Type of service provided to OVC:

	Support					
	1) Food and Nutrition	2) Shelter and Care	3) Protection	4) Health Care	5) Psychosocial	6) Education
M	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO
F	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO
Total						

Follow Up Visit	Referral				Reason for Leaving					
	HBC	ABY	VCT	Other (Specify)	Dropped Out	Migrated	Died	No longer in need of service	No longer OVC	Unknown
OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO
OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOOOOO OOOOOO OOOOOO OOOOOO OOOOOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO	OOO OOO OOO OOO OOO

D: Comments and Remarks:

Signature of Service Provider: ________________________________ **Date:** __________________________

Signature of Supervisor: ____________________________________ **Date:** _______________________

Register for Service Providers (OVC_7)

For Local Adaptation

Register prepared by: _____ **Reporting Period: _____**

Date of Enrollment	Full name of the service provider	Gender		Age	Address (Province, District, Village)	Paid	Unpaid	Lost to follow up	
		M	F					Date	**Reason

**Lost to follow up code:

1) Dropped out, 2) Fired, 3) Moved, 4) Died, 5) Unknown, 6) Other (Specify)

Training Record Form (Form OVC_8)

For Local Adaptation

Province: _____ District:_____ Name of the facilitator: _____ Date of the training: _____

Topic of the training: 1) Food and Nutrition, 2) Shelter and Care, 3) Protection, 4) Health Care, 5) Psychosocial, 6) Education

Specific title of the training: _____

Participant Name	Male	Female	Home Location of Trainees Province, District, Village	Type of trainee					Have you received a training on the same topic since ( )?	Did you receive any of the listed training since ( )?
				Caregiver	Teacher	Volunteer	Community Leader	Other (Specify)		
Total										

Comments and Remarks

Support Summary Form (Form OVC_9)

For Local Adaptation

Name of the support provider : _____ Province: _____ District: _____

Period From: _____ To: _____

Date	Name of Support Recipient	A: Type of Support Provided				B: Type of Provider				Signature
		Material	(#)	Monetary	Mentorship/ Supervision	Caregiver	Volunteer	Teacher	Community Leader	
Total										

Comments and Remarks

OVC Enrollment Summary Sheet (Form OVC_10)

For Local Adaptation

Province: _____ District: _____

Prepared By: _____

Reporting Period: From _____ To _____

Age -->		<2	2-4	5-11	12-17	Total
(1) Enrolled from the previous reporting period	Female					
	Male					
	Total					
(2) Newly enrolled OVC	Female					
	Male					
	Total					
(3) Lost to follow up OVC	Female					
	Male					
	Total					
(4) Currently enrolled OVC = (1)+(2)-(3)	Female					
	Male					
	Total					

Comments and Remarks

Signature of service provider: _____ Date: _____

Signature of supervisor: _____ Date: _____

Supply Stock Management Form (OVC_11)

For Local Adaptation

Report Prepared By: _____

Reporting Period From: _____ To: _____

	Dates	Supply					IEC			
		School Uniforms	School Materials	School Fee	Food	Other (Specify)	Posters	Pamphlets	Newsletters	Other (Specify)
(1) Amount at Beginning of Period										
(2) Amount Produced/ Received										
	Total									
(3) Amount Distributed to Service Providers										
	Total									
(4) Amount at End of Period = (1) + (2) - (3)										
(5) Amount Distributed to Clients										

Comments and Remarks

Signature: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

Periodic Summary Report (Form OVC_12)

For Local Adaptation

Name of Organization: _____ Reporting Period: From _____ To _____

Section A: List of indicators

Indicators	Achieved						
1) Number of OVC enrolled in a program	**1.1) By Age**						
			<2	2-4	5-11	12-17	Total
	Newly enrolled	M					
		F					
		Total					
	Total currently enrolled	M					
		F					
		Total					
2) Number of OVC lost to follow up	**2.1) By Reason**						
			Drop Out	Dead	Migrated	Unknown	No longer classified as OVC	Total
	M							
	F							
	Total							
3) Number of OVC served	**3.1) By Age**						
			<2	2-4	5-11	12-17	Total
	M						
	F						
	Total						
	3.2) By number of services provided						
			1 or 2	At least 3	Total		
	M						
	F						
	Total						
4) Number of OVC provided with service(s)	**4.1) By Type of Service (***An OVC can receive support in more than one area)**						
			Food/Nutrition	Education	Health	Psychosocial	Shelter	Protection
	M							
	F							
	Total							
	4.2) Food and Nutritional Supplementation						
	M						
	F						
	Total						
5) Number of OVC referred for other services	**5.1) By Type of Services (***An OVC can be referred to services in more than one area)**						
			HBC	ABY	VCT	Other (Specify)	
	M						
	F						
	Total						
6) Number of OVC visited by staff/volunteer at least once in a given period	**6.1) By Gender**						
	M						
	F						
	Total						

Indicator	Achieved						
7) Number of providers/caregivers trained in caring for orphans and vulnerable children	7.1) Number trained						
	7.2) By Type of Training (***An individual can be trained in more than one area)						
		Food/Nutrition	Education	Health	Psychosocial	Shelter	Protection
	M						
	F						
	Total						
8) Number of providers/caregivers supported to provide care to OVC	8.1) By Type of Support (***An individual can receive service in more than one area)						
		Material	Monetary	Mentorship	Social	Other (Specify)	
	Number of Individuals Supported						
9) Number of service providers who have stopped their involvement with the program	9.1) By Type of Provider						
		Paid		Unpaid		Total	
	Number of Service Providers						
10) Number of mobilization meetings held	10.1) Type of Meeting						
		Community	Leader	School	Other (Specify)	Total	
	Number of Meetings						
11) Number of community leaders supported to promote care and support for OVC	11.1) By Type of Leaders						
		Religious	Community	Political	Other (Specify)	Total	
	Number of Leaders						
12) Number of IEC materials received/produced or distributed	12.1) By Type of material						
		Poster	Pamphlet	Newsletter	Other (Specify)	Total	
	Produced/Received						
	Distributed to clients						
13) Any other indicators identified by program							
14) Any other indicators identified by program							

Section B: Narrative

1) Major issues raised

2) Achievements and success stories

3) Challenges and lessons learned

4) Recommendations

Date of submission: _____

Prepared by: _____

Signature: _____

MEASURE Evaluation
Carolina Population Center
University of North Carolina at Chapel Hill
206 W. Franklin Street
Chapel Hill, NC 27516 USA
919.966.7482 / measure@unc.edu
http://www.cpc.unc.edu/measure